

NJT Participants Eligibility

All Service Providers must enroll individuals in need of skilled employment who are unemployed or underemployed. This can include people who have been out of the labor force for some time as well as individuals who are underemployed.

Underemployed can mean: those in temporary, part-time or unstable positions; those working in jobs without benefits, those whose income does not suffice to meet the needs of their families.

Participants funded by this grant must meet these eligibility criteria:

- Boston resident
- 18 Years old or older
- Must be willing and be able to be placed in and retain full-time, unsubsidized employment or be placed in post-secondary education leading to a career leading to full-time employment in a living wage job.
- Must meet income guideline of being at or under the income benchmarks.
- Targeted Enrollment Benchmark –*At least 25% of the individuals enrolled in the training program funded by NJT must come from one of these target populations:*
 - Ex-offenders and other individuals with CORI issues
 - Homeless or near-homeless individuals
 - Housing voucher recipients; or
 - TANF recipients.

Participant's files must contain the following:

- A copy of the participant's intake form
- Proof of Boston residency
- Proof of Age
- Household Income (this includes proof of income, Family Size Worksheet and Income Calculation Sheet (s))
- Documentation and Verification of Authorization to Work
- Signed and completed Authorization for Release of Information Form (provided separately from this packet)
- Resume

Other documents that service providers may include in participant's files:

- Individual Service Plan
- Case Notes
- Job Search Records
- Pre and Post Tests or Assessment Tools
- Attendance Record

Proof of Boston Residency

Verification

Before any participant is enrolled in a NJT funding skill training program, they must provide the following required proof of primary residency to the training center as part of their enrollment. Participants will not be approved without the required documents.

A photo ID plus one the following documents: *(If the photo ID does indicate participant's current address a secondary document is not necessary)*

- A Utility Bill (not water or cell phone) dated within the past 60 days of enrollment.
- A Deed, Mortgage Payment dated within the past 60 days of enrollment, or Property Tax Bill dated within the last year
- A current Lease, Section 8 Agreement, or a notarized letter verifying residency from the owner or lessee of the property where the participant lives this letter must be signed by the property owner.
- A W2 form dated within the year or a Payroll Stub dated within the past 60 days of enrollment.
- A Bank or Credit Card Statement dated within the past 60 days of enrollment.
- A Letter from homeless shelter
- A Letter from an Approved Government Agency* dated within the past 60 days of enrollment.
- Other: _____

**Approved government agencies: Departments of Revenue (DOR), Children and Family Services (DCF), Transitional Assistance (DTA), Youth Services (DYS), Social Security, any communications on Commonwealth of Massachusetts Letterhead.*

****This list is not exhaustive; if there is another official document that the participant can provide to prove Boston Residency please obtain the approval of Vroselyn Benjamin, Program Coordinator of NJT. If she approves, you can utilize the document as "other".***

Proof of Age

Verification

Before any participant is enrolled in a NJT funding skill training program, they must provide the following required proof of Age to the training center as part of their enrollment. Participants will not be approved without the required documents.

Proof of age includes providing the full name and date of birth. Listed below are acceptable documents you can use, provided they include your full name:

- Driver License:** Driver License, Learner Permit or State-Issued Identification Card from MA or another state, Puerto Rico, a U.S. territory, or a Canadian province that is expired less than two years. The DL/ID or learner permit submitted must reflect a photo.
- Birth Certificate:** Certified birth certificate issued by a government agency in the US, Puerto Rico, a U.S. territory or Canada, or U.S. Report of Consular Birth Abroad.
- Motor Vehicle Driver's Record:** Certified MA Motor Vehicle Record, Non-Certified NC Motor, Vehicle Record.
- US Military ID:** US Military ID Valid unexpired U.S. military ID, including DD-2, DD-214, or U.S. Military Dependents Card, U.S. Veteran Universal Access Card.
- Passport:** Valid, unexpired passport from any nation.
- Certified Marriage Certificate:** Certified marriage certificate from a Register of Deeds or government agency in the U.S, Puerto Rico, U.S. territories or Canada.
- Court Documents:** Court documents from US jurisdiction, Puerto Rico, US territories or Canada.
 - Divorce decree
 - Court order for change of name or gender
 - Adoption papers
 - Certified Court order for child support
- Other:** _____

**This list is not exhaustive; if there is another official document that the participant can provide to prove Boston Residency please obtain the approval of Vroselyn Benjamin, Program Coordinator of NJT. If she approves, you can utilize the document as "other."*

HUD 2015 INCOME LIMITS FOR NJT
Boston Primary Metropolitan Statistical Area

FAMILY SIZE	2015 INCOME LIMITS
1	\$48,800.00
2	\$55,800.00
3	\$62,750.00
4	\$69,700.00
5	\$75,300.00
6	\$80,900.00
7	\$86,450.00
8	\$92,050.00

NJT Income Eligibility Documentation Guidelines

To determine if a person meets the NJT income guidelines, you will need to establish the income source(s) and the family size. The following guidelines are intended to help you determine what documents to request and how to conduct your calculations.

Household must provide written documentation of all income for all family members at least 18 years of age. Acceptable documentation includes four consecutive pay statements if paid weekly or two consecutive pay statements if paid bi-weekly or a letter from an employer for wage earners, and an award letter from the administering agency if the applicant is receiving public assistance, i.e., TAFDC, UI, SSI/SSDI, etc..

Documentation cannot be older than 60 days and all documentation must be included in the applicant's file with attached income calculation sheet for each household member who has a source income.

1. If the person has had **no income in the past 60 days**, you will need to have them sign the applicant statement form verifying this information. It will be in your interest to establish how they will support themselves (and their family) for the duration of the program. It is recommended that you add this information to the written statement.

2. For the purpose of determining **family size** for the NJT contract, family is defined as “two or more persons related by blood, marriage, or decree of court, who are living together in a single residence. A family may also be composed of two or more people living together (this excludes roommates but includes partners) and/or one of whom is a dependent child under the age of 18 (up until 18th birthday) and are included in one or more of the following categories:
 - A. *Applicant, spouse and dependent children*
 - B. *Parent or guardian (that is, the applicant) and dependent children*
 - C. *Applicant and spouse*
 - D. *Applicant and applicant's partner*
 - E. *Applicant, applicant's partner, and dependent children*

3. Acceptable documentation of family size can be an Internal Revenue Service 1040 tax form from the previous year or a signed applicant statement.

4. If there is a spouse or partner in the household, the spouse's or partners' income must be declared and documented, before you can determine if the applicant meets the income guidelines.

5. If the applicant is a young adult who is living in the parents' home but is not a dependent, you should gather information about the family's financial situation, then consult with OWD to help determine eligibility. The decision will be made on a case by case basis in light of the goal to use NJT funding to serve people who do not have alternative means to pay for training.

FAMILY SIZE WORKSHEET

I, _____, hereby state under the penalty of perjury that my family size is: _____ (Which includes myself.)

The following are the names, relations of family members and income that each family member contributes to the household income:

Full Name	Relationship to Applicant	Annual Income <i>(attach income calculation worksheet)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

For the purpose of determining family size for the NJT contract, family is defined as "two or more persons related by blood, marriage, or decree of court, who are living together in a single residence. A family may also be composed of two or more people living together (this excludes roommates but includes partners) and/or one of whom is a dependent child under the age of 18 (up until 18th birthday) and are included in one or more of the following categories:

- *Applicant, spouse and dependent children*
- *Parent or guardian (that is, the applicant) and dependent children*
- *Applicant and spouse*
- *Applicant and applicant's partner*
- *Applicant, applicant's partner, and dependent children*

I attest the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for my immediate termination from program participation and/or penalties as specified by law.

Applicant's Signature: _____

Date: _____

Staff Person: _____

Date: _____

AGENCY: _____

NJT Income Calculation Sheet

Please include income documentation within the last 60 days prior to enrollment.

Household Name: _____

Head of Household (HOH)? (Circle) **Yes** **No** (if "No" please complete the relationship to HOH)

Relationship to HOH: _____

If paid weekly:

Wages: Week 1 _____
+
Week 2 _____
+
Week 3 _____
+
Week 4 _____ = _____ /4= _____ x 52 = _____ 1. _____

Totals

If paid bi-weekly

Week 1-2 _____
+
Week 3-4 _____ = _____ /2= _____ x 26= _____ 2. _____

DTA Cash Assistance (NOT SNAP)

_____ x 12 = _____ 3. _____

Child Support (Circle frequency)

_____ x 52 = _____ 4. _____
12
26

SSI/SSDI

_____ x 12 = _____ 5. _____

Unemployment

_____ x 52 = _____ 6. _____

Other: _____

(Circle frequency)

_____ x 52 = _____ 7. _____
12
26

Total yearly income _____

APPLICANT STATEMENT

The Applicant Statement may be used to document eligibility for family income when all other attempts to secure documentation have been exhausted. This form may also be used to describe the applicant's housing situation.

I attest that the information provided is true and accurate, and understand that the information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law. I further acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes.

Example of qualifying Statement:

I certify under the penalty of perjury that I have not received any income from any source during the past 60 days that I had not been employed during that time, and have been supported by donations/contributions from relatives and friends.

I, _____, hereby attest and certify, under penalty of perjury that I

APPLICANT'S SIGNATURE

DATE

APPLICANT'S ADDRESS

CITY

STATE

ZIP

=====

Program Operator Use Only

The above Applicant Statement is being utilized for documentation of the following eligibility criteria:

Individual/Family Income Housing situation

**NEIGHBORHOOD JOBS TRUST
AUTHORIZATION TO WORK**

Participant's name

Organization conducting document verification: _____

Telephone number: _____

Name of person verifying eligibility document: _____

Date of document verification: _____

Document verification must prove work authorization in the U.S.

Check document(s) viewed:

- Social Security Card
- Certificate of Naturalization
- United States Birth Certificate
- United States Passport

Separation/Discharge/Retirement Military Services Documentation (including DD Form 214, Report of Separation, or equivalent)

Verification

I attest that, under penalty of perjury, the information recorded by me on this document was obtained on the above date through viewing the indicated eligibility document(s).

Signature of eligibility document reviewer: _____

Date: _____