



AGENDA

- 1. WHAT IS THE EWF?
- 2. WHO IS ELIGIBLE?
- 3. WHAT DOCUMENTS WILL I NEED TO APPLY?
- 4. WHAT IS THE APPLICATION PROCESS LIKE?

WHAT IS THE EXCLUDED WORKERS FUND?

This fund was created specifically for undocumented people and families with mixed immigration statuses that have not been able to access financial assistance that others have had access to because of their immigration status.

The New Hork Times

\$2.1 Billion for Undocumented Workers Signals New York's Progressive Shift

The fund, which could provide payments to hundreds of thousands of people excluded from other pandemic relief, ignited a battle among state lawmakers before it was approved this week.





Workers gathered outside Gov. Andrew M. Cuomo's office in Manhattan for an Easter prayer service and rally on the eve of the budget vote in Albany. Desiree Rios for The New York Times

WHO CAN APPLY?

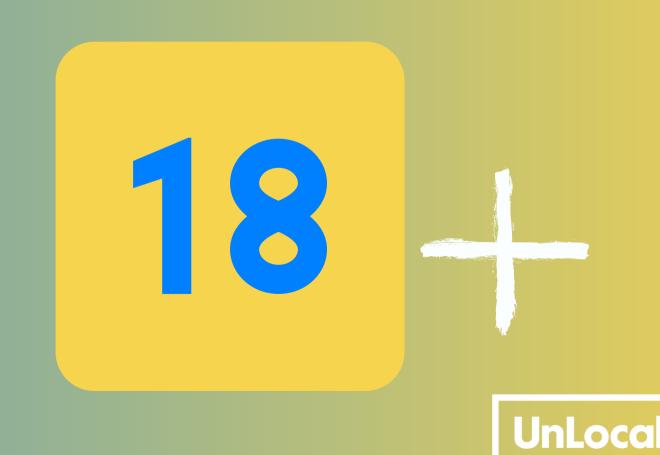
To apply for the

EWF, you must:



Not have been eligible for and not received unemployment insurance or any other COVID-19 income relief

Have lived in NY before the pandemic (March 27, 2020) and live in NYS currently





To apply for the EWF, you must:



have an income

< \$26,201

between March 1, 2020 - March 31, 2021 demonstrate that you worked and received compensation for at least

15 hours a week





for a period greater than 6
weeks prior to experiencing
a loss of income during the
pandemic

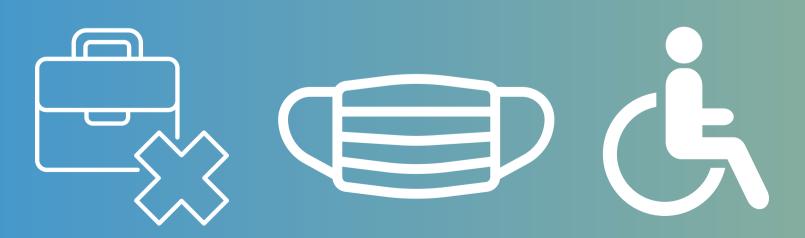




To apply for the EWF, you must:



have lost at least 50% of weekly work-related earnings or household income at any point in time between February 23, 2020 and April 1, 2021 due to total or partial unemployment, an inability to work due to the pandemic, or the death or disablement of the head of your household

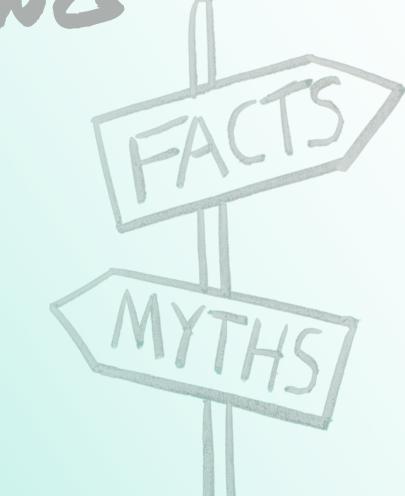


DURING THE PANDEMIC TO BE CONSIDERED AN EXCLUDED WORKER



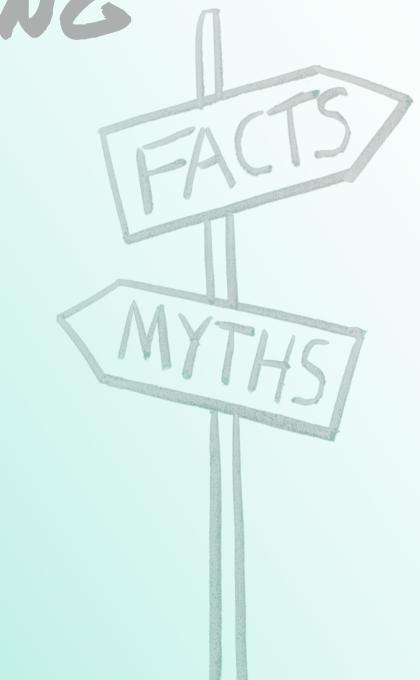
FALSE. It is called the excluded workers fund because it was created for people who have been EXCLUDED from other financial benefits.

You do NOT need to have worked during the pandemic to be eligible



MY EMPLOYMENT INCOME STAYED ABOUT THE SAME DURING THE PANDEMIC SO I AM NOT ELIGIBLE FOR THE EXCLUDED WORKERS FUND.

NOT NECESSARILY. If you became a head of household during the pandemic because of the death or disability of your family's breadwinner, you may still be eligible.



I WAS ABLE TO ACCES NYS
UNEMPLOYMENT LAST YEAR, SO I AM
NOT ELIGIBLE FOR THE EXCLUDED
WORKERS FUND



TRUE. If you were able to access unemployment insurance you are likely not eligible.



I HAVE CONCERNS ABOUT MY DATA.
WILL MY INFORMATION BE KEPT SAFE?



YES. The EWF legislation created strong legal protections for your personal information.



I AM SCARED THAT MY PERSONAL INFORMATION WILL BE SHARED WITH IMMIGRATION ENFORCEMENT AGENCIES LIKE ICE.

Your information <u>WILL NOT</u> be shared. There are criminal penalties for disclosing your information to immigration enforcement authorities. Your documents will only be used to determine eligibility and will not be shared with anyone outside of the application process, unless it is to comply with a judicial warrant or court order.



HOW CANI APPLY?



APPLICATION AVAILABLE IN 13 LANGUAGES

English 고(Arabic) 리병1ল (Bengali) 中文 (Chinese) Kreyòl ayisyen (Haitian-Creole) Italiano (Italian) 한국어 (Korean) Polski (Polish)
Русскийу (Russian)
Español (Spanish)
יידיש (Yiddish)
(Urdu)
Française (French)

DOL.NY.GOV/EWFAPPLY

WHAT DOCUMENTS WILL I NEED TO APPLY?





THERE ARE 3 MAJOR DOCUMENT CATEGORIES:



1. IDENTITY



2. RESIDENCY



3. WORK RELATED ELIGIBILITY

DOCUMENT REQUIREMENTS



- At least one must be a photo ID
- At least one must show your date of birth



All documents submitted must be:

- Certified by the issuing agency
- Unexpired (unless otherwise noted below)
- In English, or accompanied by a certified English language translation
- Not mutilated or damaged

#1 IDENTITY DOCUMENTS



DOCUMENTS THAT CAN BE COMBINED





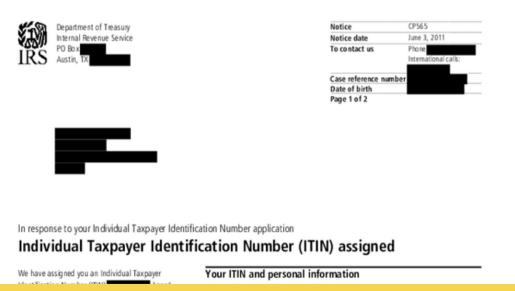














4 POINTS TOTAL (ONLY ONE NECESSARY)







DOCUMENTS NOT IN ENGLISH MUST BE SUBMITTED WITH A CERTIFIED TRANSLATION!



#1 IDENTITY DOCUMENTS



DOCUMENTS THAT CAN BE COMBINED

- Foreign-Issued Passport (3 points) or Expired
 U.S or Foreign-Issued Passport (expired by not more than two years) (2 points)
- NYS Learner Permit issued by NYS DMV
- Photo ID card (or non photo ID card for 1 point) issued by a local government in NYS, NYS government agency, or the federal government 2 points
- Documents issued by USCIS: Arrival/Departure Record (I-94) or Notice of Action (I-797; I-797A; I-797D)
- U.S. ITIN Assignment Letter
- Marriage Certificate
- Divorce Judgement
- NYC Parks and Recreation Membership Card
- Birth Certificate Issued by a Foreign Country
- Foreign-Issued Photo ID Card

4 POINTS TOTAL (ONLY ONE NECESSARY)

- NYS Driver License
- NYS Non-Driver ID Card
- U.S. Passport
- IDNYC Card (Cards that expired in 2020 are valid until the end of 2021. Cards that expire in2021 are valid during the one-year renewal period following the expiration date.)
- Expired Foreign-Issued Driver License (expired by not more than two years)
- Diploma or Transcript from a U.S. high school, college, or university
- Employer Photo ID Card
- Written Employment Offer, Pay Stubs, or Notice of Pay from an employer

#2 RESIDENCY DOCUMENTS





TO PROVE WHERE YOU LIVED PRIOR TO 3/27/20 AND WHERE YOU LIVE CURRENTLY









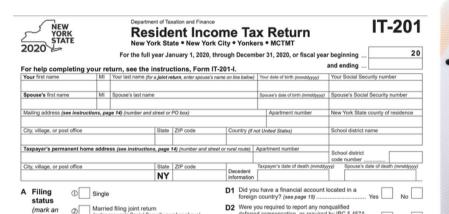
المثبينة المصافعة	SERVICE FOR BILLING PERIOD JAMES SMITH Mar 31, 2014 to May 5, 2014	PAGE 2 of 4							
national grid	25 BROADWAY APT 16 SCHENECTADY NY 12305 ACCOUNT NUMBER 12741-66018 Upon Receipt	\$80.10							
	DETAIL OF CURRENT CHARGES								
Enrollment Information To enroll with a supplier or change to	Delivery Services								
another supplier, you will need the following information about your account:	Electricity Delivery								
Loadzone Capital Acet No: 18461-67012 Cycle: 3, POCH	Service Period No. of days Current Reading - Previous Reading	= Total Usage							
	Mar 31 - May 5 35 1385 Provided 1150 Actual	235 kWh							
Electric Usage Gas Usage Month kWh Month Therms	METER NUMBER 05534327								
Dec 13 133 Dec 13 10	RATE Electric SC1 Non Heat								
Jan 14 280 Jan 14 38 Feb 14 269 Feb 14 29	Basic Service (not including usage)	17.00							
Mar 14 211 Mar 14 21	Delivery 0.04629 x 235 kWh	10.87							
Apr 14 208 Apr 14 18 May 14 235 May 14 04	Incr State Assessment 0.00307 x 235 kWh	0.72							
	SBC/RPS 0.007911 x 235 kWh	1.85							
	Legacy Transition Chrg -0.005647 x 235 kWh	-1.33							
	RDM -0.00021257 x 235 kWh	-0.05							
	Transmission Rev Adi -0.0003 x 235 kWh	-0.07							
	Tariff Surcharge 3.09278 %	0.90							
	Sales Tax 7.0 %	2.09							
	Total Electricity Delivery	\$ 31.98							
	Total Litetations Delivery	3 31.30							
	Gas Delivery								
	No. of Current Previous Measured Therm Service Period days Reading - Reading = CCF x Factor	Therms Used							
	Mar 31 - May 5 35 120 Pronted 116 Actual 4 1.03								
	METER NUMBER 0R751102								
	RATE Gas SC1 Res Heat								

NEW YORK CITY HOUSING AUTHORITY Gustomer Contact Center (718 707-7771 • http://nyc.gov/nycha JOHN B. RHEA CHAIRMAN EARL ANDREWS, JR. VICE CHAIRMAN MARGARITA LÓPEZ MEMBER WILMA HUERTAS SECRETARY MICHAEL P. KELLY GENERAL MANAGER Dear Section 8 Tenant: For use with your current annual recertification, the New York City Housing Authority is pleased to provide you with a new and improved "Section 8 Affidavit of Income," a sample of which is provided below.

The new enclosed Affidavit was designed so that the Housing Authority can scan and capture the information provided in the returned document; thereby allowing the Housing

Sample Comp 1234 Dick Buccar		N 37086				EARNINGS STA	AT EIVIEIVI
EMPLOYEE NAME			SSN	EMPLOYEE ID	CHECK NO	. PAY PERIOD	PAY DATE
Brandon Smith			XXX-XX-01234	1234	607221	12/22/17-12/28/	17 12/29/17
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIO	NS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES	18	40	720.00	FICA MED TA	AX	10.44	542.88
				FICA SS TAX	(44.64	2,321.28
				FED TAX		92.40	4,804.75
						PAY-STUI	BS.COM
YTD GROSS	YTD DEDUC	TIONS	YTD NET PAY	CURRENT TO	TAL CU	RRENT DEDUCTIONS	NET PAY
37,440.00	9,783.3	1	27,656.69	720.00		188.14	531.86

NO DATE RESTRICTIONS TO PROVE CURRENT RESIDENCE









#2 RESIDENCY DOCUMENTS





TO PROVE WHERE YOU LIVED PRIOR TO 3/27/20 AND WHERE YOU LIVE CURRENTLY

- Utility Bill (e.g. electric, gas, internet, cable, water, trash/recycling)
- Bank or Credit Card Statement
- Letter from NYCHA addressed to applicant
- Current Lease Agreement, Mortgage Payment, or Property Tax Statement
- Pay Stub
- Jury Summons, Court Order, or other document from a court within NYS
- Statement, bill, or record from a health institution or insurance company
- Letter addressed to the applicant from a homeless shelter indicating the applicant currently resides at the homeless shelter
- Employment offer or notice of pay that shows an employer provided housing located in NYS, including seasonal housing

NO DATE RESTRICTIONS TO PROVE CURRENT RESIDENCE

- NYS Driver License
- NYS Non-Driver ID Card
- IDNYC Card Cards that expired in 2020 are valid until the end of 2021. Cards that expire in 2021 are valid during the one-year renewal period following the expiration date.)
- NYS Learner Permit issued by NYS DMV
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from DTF or IRS

#3 EMPLOYMENT DOCUMENTATION X





The point total of your employment documents will determine your award amount.

TIER 1 **MAXIMUM AWARD**

\$15,600 (\$300 PER WEEK FOR 52 WEEKS)

TIER 2

EOUAL TO 3 FEDERAL STIMULUS CHECKS

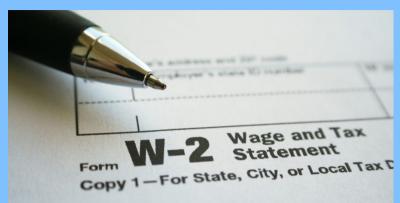
5 POINTS FOR MAXIMUM AWARD

or help completing yo	_	turn, see the ir	nstru	ctions, Form IT	Г-201-I.		and ending
rour first name	MI	Your last name (for a	a joint re	eturn, enter spouse's n	iame on line below)	Your date of birth (mmddyyyy)	Your Social Security number
Spouse's first name	MI	Spouse's last name	1			Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructio	ns, pa	ge 14) (number and s	street or	PO box)		Apartment number	New York State county of residence
City, village, or post office			State	ZIP code	Country (if no	ot United States)	School district name
			NY		IRS In	ndividual Taxpayer Ide	entification Number
						APRICATE AND MARKET ARREST OF THE	
status (mark an ② 1	enter s	ed filing joint return spouse's Social Sec	urity nu	ımber above)		999-99-	
status (mark an X in one box):	Marrie Jenter s Marrie Jenter s	d filing joint return	eurity nu return eurity nu	imber above)		Carle Carle Carle Carle	established for

2018 / 2019 / 2020

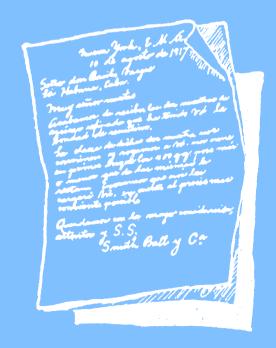
EMPLOYEE NA	AME		SSN	EMPLOYEE ID	CHECK NO	D. PAY PERIOD	PAY DATE
Brandon Smith			XXX-XX-01234	1234	607221	12/22/17-12/28/1	7 12/29/17
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIO	NS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES	18	40	720.00	FICA MED TA	AX	10.44	542.88
				FICA SS TAX	(44.64	2,321.28
				FED TAX		92.40	4,804.75
						PAY-STUB	
YTD GROSS	YTD DEDUCTION	IS	YTD NET PAY	CURRENT TO	OTAL CU	RRENT DEDUCTIONS	NET PAY
37,440.00	9,783.31		27,656.69	720.00		188.14	531.86

6 WEEKS +



PAYER'S name, street address, city or foreign postal code, and telephore	or town, state or province, country, ZIP ne no.	1 Rents	OMB No. 1545-0115	
		\$	2019	Miscellaneous
		2 Royalties	2015	Income
		\$	Form 1099-MISC	
		3 Other income	4 Federal income tax wi	thheld Copy E
		\$	· ·	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care pa	yments
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in dividends or interest	This is important tai information and is being furnished to
Street address (including apt. no.)		\$	\$	the IRS. If you are
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proce	penalty or othe
City or town, state or province, cou	ntry, and ZIP or foreign postal code	(recipient) for resale	\$	sanction may be
		11	12	imposed on you i this income is
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid attorney	taxable and the IRS determines that i has not beer reported
		\$	\$	Toportoo
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no	
		\$		\$
\$	\$	\$		\$

2019 / 2020



FROM YOUR EMPLOYER

5 POINTS FOR MAXIMUM AWARD

- Proof of filing a New York State tax return for either tax years 2018, 2019, or 2020 AND proof of a valid United States ITIN (or SS#) number
 - OR a W-7 application for an ITIN with proof of submission or filing
- Minimum of 6 weeks of pay stubs or wage statements in the 6-month period prior to the date the applicant certifies the applicant became eligible for benefits
- IRS W-2 or 1099 from tax year 2019 or 2020 showing wages or income
- Wage Notice from employer documenting employment for a period of time within 6 months prior to the date the applicant certifies the applicant became eligible for benefits.
- Letter from an employer showing applicant's dates of work and the reason for loss of income (i.e. pandemic related) that includes:
 - employer's mailing address and address of the site within NYS where applicant worked
 - AND either the employer's NYS Unemployment Insurance account number
 - OR Federal Employment Identification Number (FEIN)
 - OR contact information (including phone number) of an employer representative who can verify the contents of the letter.

3 POINTS THAT CAN BE USED TO STILL ACCESS MAX AWARD

- Complaint filed with and acknowledged by a local, state, or federal agency or court regarding wages owed for work performed in NYS for a period greater than 6 weeks in the 6-month period prior to the date the applicant certifies the applicant became eligible for benefits
- Record of regular direct deposits, deposits, or transfers from an employer





1 POINT THAT CAN BE USED TO ACCESS SMALLER AWARD

- Written communication relating to delivery order sheets, work invoices, sales receipts, or instructions from employers
- Written communication, including texts or social media messages or posts, between the applicant and an employer or hiring party showing a work relationship
- Record of regular cashing of paychecks or transfer of funds from income or earnings
- Documents issued to the applicant by the applicant's employer showing the employer's mailing address, NYS Unemployment Insurance Account Number or Federal Employment Identification Number (FEIN), and contact information of an employer representative (including phone number)
- Receipts or records showing a consecutive pattern of commuting to and from a work location, such as toll records, parking receipts, or public transportation records







WHAT COUNTS AS INCOME?

Direct financial compensation received by an applicant in exchange for work in excess of fifteen hours per week.

The following is NOT counted as income:

Payments related to scholarships, awards, grants, gifts, investments, stipends, work-study programs, lottery or gambling winnings, prizes, child support, spousal maintenance, alimony, or restitution;
 Payments from any insurance policy, trust fund, legal settlements, social security, pensions, deferred income, or retirement accounts



TO IDENTIFY DOCUMENTS, THINK ABOUT...

Where were you working for the six months prior to when you experienced a reduction in income?

Who was your employer or supervisor? How would you communicate with them?

How were you compensated? How often? What receipts can show this?





AVAILABLE AT:

DOL.NY.GOV/EWFAPPLY



APPLICATION STEPS

STEP 1

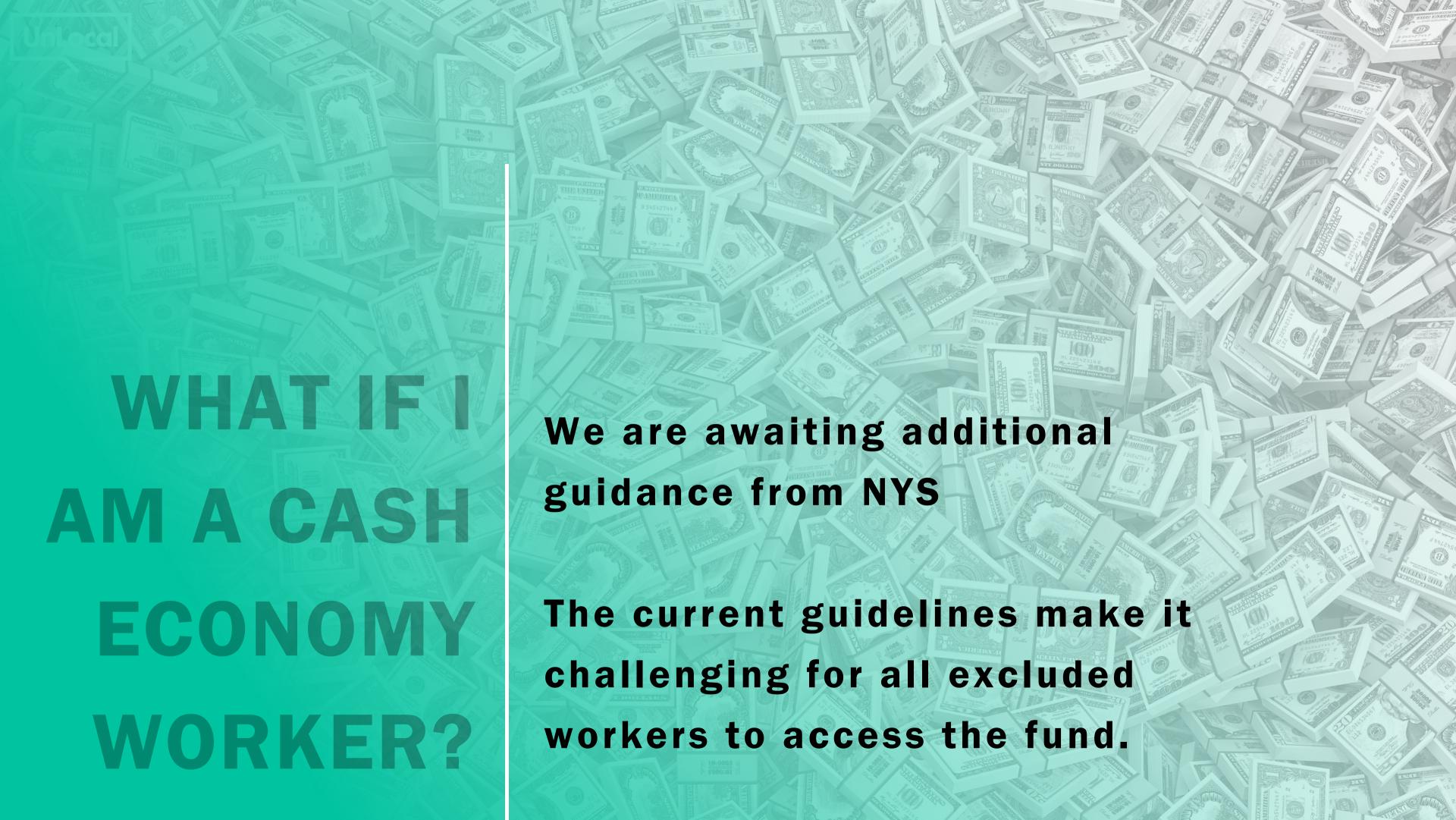
STEP 2

STEP 3

Create an account with your phone number. Once you have an account, you will be able to save your progress and view the the status of your application. Keep this login information safe!

You will be walked through a series of questions to determine your eligibility and how much you will be eligible to receive

The DOL will review the application and they will contact the applicant via email or text if the application is incomplete or if more information is needed.



GENERAL APPLICATION

- TIPS
- The only file types accepted are PDF, JPEG, or PNG
- Ensure the images are complete, not blurry, and right side up. Rotate if necessary.
- You can complete the application on your mobile device
- Some documents will require images of the front and back.

AFTER YOU APPLY:



~6 WEEKS

IF MORE INFO IS NEEDED:



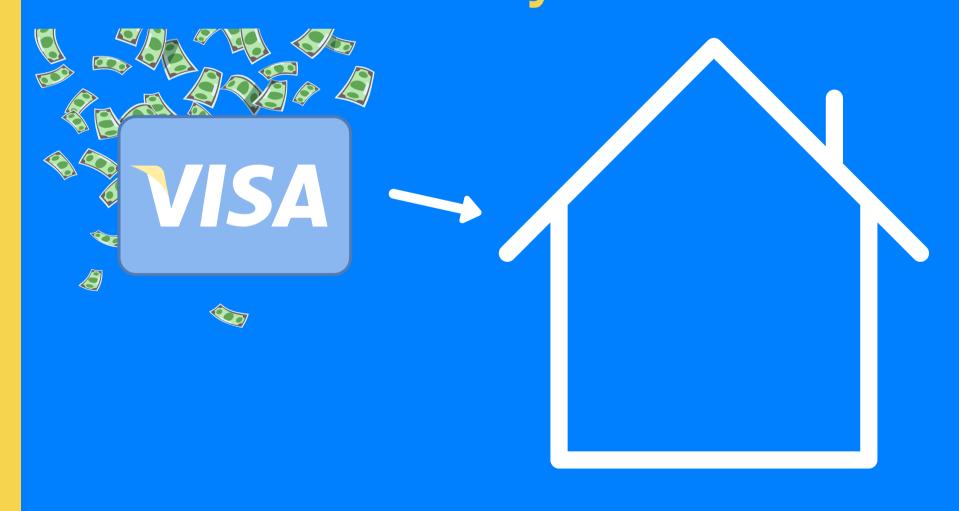
(877) 393-4697



EWF@labor.ny.gov



(833) 586-1144 (toll free) All applicants will receive an update on whether their application has been approved or denied. If your application is denied, you can appeal within 7 days





BEWARE
FRAUD +
STAY
SAFE!

The EWF application is FREE. Application assistance is FREE.

DO NOT PAY TO APPLY OR FOR ASSISTANCE

You may report such activity by filing a complaint with the New York Attorney General's office (on.ny.gov/agfraud) or by calling the Attorney General's hotline at (800) 771-7755.

For hearing impaired: TDD (800) 788-9898.



QUESTIONS?



Community Immigration Legal and Education Services

DENNISE HERNANDEZ
DENNISE@UNLOCAL.ORG

(646) 216 - 8210 THURSDAYS 10AM-5PM

UNLOCAL.ORG/COVID19/