

# MAYOR BYRON W. BROWN'S SUMMER YOUTH INTERNSHIP PROGRAM

## APPLICATION

February 1, 2020

Dear Applicant:

Thank you for your interest in applying for my 2020 Summer Youth Internship Program. This is truly a wonderful opportunity for you, as well as hundreds of other city youth, to get the experience you need to become a successful working adult, earn money and learn critical skills that will benefit you now and in the future.

Enclosed is an application that must be completed and returned to the Department of Community Services by **TUESDAY, MARCH 31, 2020. Incomplete applications and late applications will not be accepted!**

Bring or mail your completed application to the Department of Community Services, located at Buffalo City Hall, 65 Niagara Square -Room 1701, Buffalo, New York, 14202. The office is open Monday through Friday, 8:30am to 4:30pm.

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**YOU CAN ALSO COMPLETE AND SUBMIT THE APPLICATION ONLINE BY VISITING  
[WWW.BUFFALONY.GOV/MSYAPP](http://WWW.BUFFALONY.GOV/MSYAPP)**

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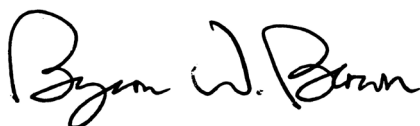
My 2020 Summer Youth Internship Program runs twenty (20) hours per week for six (6) weeks. The first day of employment is July 6th and runs through August 13th. To be eligible for this program you must be a City of Buffalo resident, between the ages of 14 and 21, **and you must turn age 14 by March 31, 2020.**

In order to determine your eligibility for the Mayor's Summer Youth Internship Program, copies of the below items must be returned with your completed application:

1. Working Papers (obtained from your school's counselor) for all youth under age 18
  - Ages 14-15 (Blue Card)
  - Ages 16-17 (Green Card)
2. Birth Certificate
3. Proof of Buffalo Residency (Utility Bills, Lease Agreement)
4. Family Income
5. Social Security Card
6. Attending School (Most recent School Report Card or Transcript)

If you have any questions regarding the application, please contact us at (716) 851-5887. Once again, thank you for your interest in my Summer Youth Internship Program.

Sincerely,



Byron W. Brown, Mayor



## HELPFUL GUIDELINES FOR ENSURING YOUR APPLICATION IS COMPLETE:

1. Working papers (Blue Card for ages 14-15, Green Card for ages 16-17) can be obtained from your current school. You must fill out an application at school and present a current physical performed by your health care provider in order to receive your working papers. The Department of Community Services does not issue working papers.
2. If you do not have your birth certificate and you were born in the City of Buffalo, a copy can be obtained from the City Clerk's Office on the 13th floor of City Hall for a small fee. Legalized Immigration papers can be used as a form of citizenship identification for all those not born in the United States.
3. The proof of residency must be separate from the remainder of the proofs and the address must match the address on the application to be accepted. Example: Most report cards have the students address on them, but will not be used as a proof of address, you must present 2 additional proofs (Utility Bill, Driver's License, School Bus pass w/address on it, etc.).
4. The Mayor's Summer Internship program is not an income based program. We will accept all applications for interns who: fill out a completed application, present the required proofs, and have the application in by the due date. You must present some proof of income when the application is turned in. If you are employed, a copy of your 2 most recent paystub will satisfy the requirement. If you are unemployed: an official unemployment statement, SSI statement, SSD statement, Child Support Statement, Public Assistance Statement (including welfare and food stamps), Retirement Statement or some other legal income document must be presented with the completed application.
5. If you do not have your social security card yet, or need a replacement card please go to: Social Security Office, Suite 100, 186 Exchange Street, Buffalo NY 14204.
6. A Grade School or High School report card or a College Transcript must be presented with the application. If you do not have your report card, please contact your school administrator directly and get an official copy of it.
7. Please fill out your application clearly so that it can be read by the person who will be inputting the application. Use Blue or Black ink to fill out the application and fill in each section to the best of your knowledge. If you need help with a section please call the Department of Community Services at 716-851-5887 and we will be glad to assist you.
8. **COMPLETING THIS APPLICATION DOES NOT GUARANTEE PLACEMENT INTO THE PROGRAM.**



# RESIDENCY VERIFICATION

## APPLICANT

I understand that the Ordinances of the City of Buffalo require that during the period of my employment by the City that I be a resident of the City and maintain my permanent residence within the corporate limits of the City.

I understand that my failure to comply with this requirement may result in the termination of my employment.

I have read and agree with the provisions set forth above and have received a copy of same.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

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## PARENT OR GUARDIAN (IF REQUIRED)

I understand that the Ordinances of the City of Buffalo require that during the period of employment by the City that employees must be a resident of the City and maintain permanent residence within the corporate limits of the City.

I understand that failure to comply with this requirement may result in the termination of employment.

I have read and agree with the provisions set forth above and have received a copy of same.

I verify that \_\_\_\_\_ resides with me at \_\_\_\_\_, Buffalo, NY  
\_\_\_\_\_. Attached are two current proofs of my residence from the list on the reverse side of this form.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_

# MAYOR BYRON W. BROWN'S

## 2020 Mayor's Summer Youth Internship Program Application

**\*\*\*PLEASE FILL IN ALL SECTIONS COMPLETELY WITH BLUE OR BLACK INK\*\*\***

1. SOCIAL SECURITY NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_  
First Name M. Initial Last Name
3. ADDRESS: \_\_\_\_\_  
Number Street Apt  
BUFFALO, NY \_\_\_\_\_  
Zip Code
4. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ ☐ MALE ☐ FEMALE (Please Check One)  
Place of birth: \_\_\_\_\_ Country of Origin \_\_\_\_\_
5. Phone numbers to contact you: (LIMIT 3):  
1. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Primary  
2. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary  
3. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency
6. E-MAIL Address: \_\_\_\_\_
7. If you are age 14-17 please list your working papers number: \_\_\_\_\_  
Middle -left side of your card
8. CHECK ALL THAT APPLY TO YOUR ETHNICITY:  
☐ Black or African-American ☐ Caucasian ☐ Native-American ☐ Hispanic/Latino  
☐ Multi-Racial ☐ Asian ☐ Other \_\_\_\_\_  
Please state your Ethnicity/Ethnic Group here
9. How many people (Including yourself) live in your home? \_\_\_\_\_
10. What is the TOTAL INCOME for your household for one month? \_\_\_\_\_  
(Include Public Assistance, Rental Assistance or any other funding)
11. PLEASE CHECK ALL THAT APPLY TO YOUR HOUSEHOLD INCOME:  
☐ Pension Benefits ☐ Veteran's Disability ☐ Employed (Full or Part-time)  
☐ Social Security ☐ Public assistance ☐ Alimony Payments  
☐ Food Stamps ☐ Worker's Compensation ☐ Unemployment Benefits  
☐ Child Support

12. PLEASE CHECK ANY THAT APPLY TO YOU:

- ☐ Learning / Physically Disabled      ☐ Homeless/Runaway      ☐ Refugee/Immigrant Community  
☐ Foster Care      ☐ Pregnant / Parenting Teen      ☐ Limited English

\_\_\_\_\_  
Please state your primary language

13. Are you currently attending school? ☐ Yes ☐ No

14. What is the name of your school? (If applicable): \_\_\_\_\_

15. What grade are you currently in? \_\_\_\_\_

16. Please check any that apply to you as of today (leave blank if none):

- ☐ High School Graduate      ☐ Drop Out      ☐ GED/HSE program  
☐ College Student      ☐ ESL Student (Please list your ESL Program) \_\_\_\_\_

17. Provide three (3) personal references: (1 RELATIVE and 2 NON-RELATED) **\*\*\*THIS IS MANDATORY\*\*\***

1. \_\_\_\_\_  
Full Name Phone Number
2. \_\_\_\_\_  
Full Name Phone Number
3. \_\_\_\_\_  
Full Name Phone Number

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

***\*\*By signing this application you hereby agree that all of the information given on this application is correct to the best of your knowledge.\*\****

.....

**PLEASE INCLUDE COPIES OF THE FOLLOWING ITEMS WHEN SUBMITTING YOUR MAYOR'S SUMMER YOUTH INTERNSHIP APPLICATION:**

- |                                  |                                 |
|----------------------------------|---------------------------------|
| 1. BIRTH CERTIFICATE OR PASSPORT | 4. SOCIAL SECURITY CARD         |
| 2. WORKING PAPERS (FROM SCHOOL)  | 5. PROOFS OF ADDRESS IN BUFFALO |
| 3. PROOF OF INCOME FOR HOUSEHOLD | 6. REPORT CARD                  |

**IF YOU HAVE QUESTIONS REGARDING THE APPLICATION PLEASE CALL (716) 851-5887**

**Return completed applications to: Buffalo City Hall  
65 Niagara Square, Room 1701  
Buffalo, NY 14202**

MAYOR BYRON W. BROWN'S

# SUMMER YOUTH INTERNSHIP PROGRAM

## \*\*\* MANDATORY PROGRAM SURVEY \*\*\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

What grade will you be entering in the Fall? \_\_\_\_\_

Are you in high school? ☐ YES ☐ No

If yes, what school? \_\_\_\_\_ What major? \_\_\_\_\_

Are you in College? ☐ YES ☐ No

If yes, what school? \_\_\_\_\_ What major? \_\_\_\_\_

What are your hobbies?

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What are your interests?

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What are your future career goals?

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Would you say that you have any special talents? If so, what are they?

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What would you like to learn during your internship?

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**PLEASE NOTE THAT THIS SURVEY MUST BE SUBMITTED WITH YOUR APPLICATION  
OR IT WILL BE CONSIDERED INCOMPLETE.**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





**Certificate of Exemption from Withholding**

New York State • New York City • Yonkers

**IT-2104-E**

This certificate will expire on April 30, 2021.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

**Group A**

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2019; **and**
- you do not expect to have a New York income tax liability for 2020 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

**Group B**

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. See *Military spouses*.

If you **do not meet all** of the conditions in either Group A or Group B above, **stop**; you cannot claim exemption from withholding (see *Note* below).

First name and middle initial	Last name	Social Security number	Filing status: Mark an <b>X</b> in only one box
Mailing address ( <i>number and street or PO box</i> )	Apartment number	Date of birth ( <i>mmddyyyy</i> )	<b>A</b> Single <input type="checkbox"/> <b>B</b> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code	<b>C</b> Qualifying widow(er) or head of household with qualifying person..... <input type="checkbox"/>

Are you a full-time student?..... Yes ☐ No ☐

Are you a military spouse exempt under the SCRA? ..... Yes ☐ No ☐

I certify that the information on this form is correct and that, for the year 2020, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

**Employee's signature** (*give the completed certificate to your employer*)

Date

**Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).**

Employer name and address	Employer identification number
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Mark an **X** in the box if a newly hired employee or a rehired employee ..... ☐

First date employee performed services for pay (*mmddyyyy*) (*see instructions*):

Are dependent health insurance benefits available for this employee? ..... Yes ☐ No ☐

If Yes, enter the date the employee qualifies (*mmddyyyy*): .....

**Instructions****Employee**

**Who qualifies** – To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

**Group A**

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2019; **and**
- you do not expect to have a New York income tax liability for 2020 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

**Group B**

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. See *Military spouses*.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer

must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,100.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

**Note:** If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions



**Employee's Withholding Certificate****2020**

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**  
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:  
Claim  
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . ▶ \$ \_\_\_\_\_

Add the amounts above and enter the total here . . . . . **3** \$ \_\_\_\_\_

**Step 4  
(optional):  
Other  
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** \$ \_\_\_\_\_

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** \$ \_\_\_\_\_

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ \_\_\_\_\_

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

**Employers  
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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