

**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**

1. Control No. (For Agency use only)	APPLICANT INFORMATION (See instructions on reverse)	2. Date Received (For Agency Use only)
EMPLOYER INFORMATION		
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI)	7. Social Security Number.	8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION		
9. Employment Start Date	10. Starting Wage	11. Position
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____		Yes ___ No ___
13. Are you a Veteran of the U. S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
14. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) benefits (Food Stamps) for the 6 months before you were hired? OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ And <i>city and state</i> where benefits were received _____.		Yes ___ No ___ Yes ___ No ___
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes _____ No _____

OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes _____ No _____

OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes _____ No _____

If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? Yes _____ No _____

If YES, to any question, enter name of *primary recipient* _____ and the *city and state* where benefits were received _____.

17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes _____ No _____

If YES, enter *date of conviction* _____ and *date of release* _____.

Was this a Federal _____ or a State conviction _____? (Check one)

18. Do you live in a Rural Renewal County? Yes _____ No _____

19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes _____ No _____

20. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes _____ No _____

21. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes _____ No _____

22. Sources used to document eligibility: (**Employers/Consultants**: List all documentation provided or forthcoming. **SWAs**: List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

<p>23(a). Signature: (See instructions in Box 23b for who signs this signature block)</p>	<p>23. (b) Indicate with a check who signed the form:</p> <p><input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)</p>	<p>24. Date:</p>
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