

**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? Yes ____ No ____ If YES, enter your <i>date of birth</i> _____		
13. Are you a Veteran of the U.S. Armed Forces? Yes ____ No ____ 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? Yes ____ No ____ 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? Yes ____ No ____ If YES, were you discharged or released from active duty within a year before you were hired? Yes ____ No ____ 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 ____		
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? Yes ____ No ____ OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ____ No ____ If YES to either question, enter name of <i>primary recipient</i> _____ and city _____ And <i>state</i> where benefits were received _____.		
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ____ No ____ OR, by an Employment Network under the Ticket to Work Program? Yes ____ No ____ OR, by the Department of Veterans Affairs? 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 <i>primary recipient</i> _____ and the <i>city and state</i> 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 <i>date of conviction</i> _____ and <i>date of release</i> _____. Was this a Federal _____ or a State conviction _____? (Check one)	
18. Do you live in an Empowerment Zone or Rural Renewal County (RRC)? Yes ___ No ___	
19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date? Yes ___ No ___	
20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes ___ No ___	
21. 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 ___	
22. 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 ___	
23. Are you an individual who is or was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation? Yes ___ No ___ If YES , what state did you receive unemployment compensation in? _____ <div style="text-align: right;">(Enter state where UI compensation was received)</div>	
24. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. For SWA Staff: List all documentation used in determining target group eligibility and enter your initials and date when the 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.	
25(a). Signature: (See instructions in Box 25.(b) for who signs this signature block)	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> 25.(b) Indicate with a check mark who signed this form: <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) </div> <div style="width: 25%;"> 26. Date: </div> </div>