

WORK OPPORTUNITY TAX CREDIT QUESTIONNAIRE

Site name/number:		Work location city/state:	
APPLICANT INFORMATION			
Name (First, MI, Last):			
Current address:			
City:		State:	Zip code:
Social security number:		Date of birth (if under 40):	
Job offer date:		Hire date:	
Have you worked for this employer before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter last date of employment:			
Driver's license number and state:			
GOVERNMENT ASSISTANCE/VOCATIONAL REHABILITATION (CHECK ALL THAT APPLY)			
Yes No Unsure			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Are you a veteran of the U.S. Armed Forces?			
Branch of service:		Enlistment Date:	Discharge Date:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Are you entitled to compensation for a military service connected disability?			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Have you been unemployed in the last year?			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Have you received unemployment compensation in the last year?			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) in the last 18 months?			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Are you currently in OR have you ever been in a Vocational Rehabilitation program?			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Have you OR any member of your household received Temporary Assistance for Needy Families (TANF), welfare or any other government assistance in the last 3 years?			
<i>If any of the questions above were answered "Yes" or "Unsure", please complete the following:</i>			
City, County and State where benefits were received:			
Name of primary recipient (if not self):			
Approximate date first received:		Approximate date last received:	
Agency Name:		Agency phone:	
Agency address, city, state, zip:			
Agency phone:		Caseworker's or Counselor's name:	
SUPPLEMENTAL SECURITY INCOME (SSI)			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Have you received SSI benefits at any time in the last 3 months?			
City and State where benefits were received:			
CONVICTION			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Have you been convicted of or released from prison for a felony in the last year?			
<i>If question was answered "Yes" or "Unsure", please complete the following:</i>			
Parole/Probation officer's Name:		Parole/Probation officer's phone:	
Date of conviction:		Date of release:	
City and county of conviction/incarceration:			State:
PLEASE READ, SIGN, AND DATE			
I authorize the Department of Veterans Affairs, Rehabilitation and Correction, Vocational Rehabilitation, or Social Security Administration for SSI to provide the verification or information requested by Clarus Partners or the State Workforce Agencies and release the information to those entities as requested.			
Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.			
Signature:			Date:

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____