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

## U.S. Department of Labor

Employment and Training Administration

1. Control No. (For Agency use only)	APPLICANT INFORMATION (See instructions on reverse)	OMB No. 1205-0371		
		Expiration Date: November 30, 2011  2. Date Received (For Agency Use only)		
	(See manuchons on reverse)	2. Date Necessed (For Agency Ose 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				
Employment Start Date	10. Starting Wage	11. Position		
3. Employment Start Bate	10. Gtarting Wage	TT. T OSIGOT		
12. Are you at least age 16, but under	age 40?	Yes No		
If YES, enter your date of birth				
13. Are you a Veteran of the U.S. Arm	ned Forces?	Yes No		
If NO, go to Box 14.				
1	nily that received Food Stamps for at le			
3 months during the 15 months be <b>If YES</b> , enter name of <i>primary rec</i>	•	Yes No		
city and state where benefits were				
OR, are you a veteran entitled to compensation for a service-connected disability?		disability? Yes No		
1	leased from active duty within a year be			
were hired?	, ,	Yes No		
OR, were you unemployed for a c	ring the			
year before you were hired?	Yes No			
14. Are you a member of a family that	received Food Stamps for the 6 month	s before you		
were hired?	Yes No			
OR, received Food Stamps for at least a 3-month period within the last 5 months				
But you are no longer receiving the		Yes No		
If YES to either question, enter name of primary recipient  and city and state where benefits were received				
and city and state where benefits	were received	·		

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15. Were you referred to an employer by a Vocational Reh	abilitation Agency approved by	
a State?	Yes No	
OR, by an Employment Network under the Ticket to W	Yes No	
<b>OR</b> , by the Department of Veterans Affairs?	-	Yes No
16. Are you a member of a family that received TANF assi	stance for at least the last 18 mont	hs before you were
hired?		Yes No
OR, are you a member of a family that received TANF	benefits for <b>any</b> 18 months beginning	ng after
August 5, 1997, and the earliest 18-month period begin	ining after August 5, 1997, ended w	vithin 2 years before
you were hired?		Yes No
<b>OR</b> , did your family stop being eligible for TANF assist	ance within 2 years before you were	e 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 TAN	F assistance for any 9 months durir	ng
the 18 month period before you were hired?		Yes No
If YES, to any question, enter name of primary recipie	enta	nd
the city and state where benefits were received		
17. Were you convicted of a felony or released from prisor	after a felony conviction during	
the year before you were hired?	,	Yes No
	nd date of release	
	(Check one)	
18. Do you live in an Empowerment Zone or Renewal Cor	,	Yes No
OR, in a Rural Renewal County (RRC)?		Yes No
If YES, enter name of the RRC:		
<ol> <li>Did vou receive Supplemental Security Income (SSI) t</li> </ol>	enefits for any month ending within	
19. Did you receive Supplemental Security Income (SSI) b 60 days before you were hired?	enefits for any month ending withir	
60 days before you were hired?		Yes No
	ultants: List all documentation provide	YesNo d or forthcoming. <b>SWAs:</b>
60 days before you were hired?  20. Sources used to document eligibility: (Employers/Cons	ultants: List all documentation provide	YesNo d or forthcoming. <b>SWAs:</b>
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