

# VERIFICATION FORM

COMPANY \_\_\_\_\_ LOCATION NUMBER \_\_\_\_\_ CITY & STATE : \_\_\_\_\_

SECTION 1 - To Be Completed by Employee	
EMPLOYEE NAME:	SOCIAL SECURITY NUMBER:
DATE OF BIRTH:	DATE OF HIRE:
<b>Our company participates in state and federal tax credits and hiring incentives, such as the Work Opportunity Tax Credit Program. Your responses to the following questions will be confidential and used only to assist us in complying with the requirements of these programs. Your answers will not affect your employment or any benefits you may be receiving. Please answer the following questions:</b>	<b>Circle One</b>
1. Are you a member of a family that received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) for any 9 months during the past 18 months?	YES NO
2. Are you a member of a family that received TANF/AFDC for the past 18 months <b>OR</b> received TANF/AFDC for any 18 months beginning after August 5, 1997 and one of the payments occurred during the past 2 years <b>OR</b> stopped being eligible for AFDC/TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made?	YES NO
3. Are you at least 18 but not yet 40 and a member of a family that received Food Stamps (SNAP) for the past 6 months <b>OR</b> received Food Stamps (SNAP) for 3 of the past 5 months but is no longer eligible to receive them?	YES NO
4. Are you a veteran and a member of a family that has received Food Stamps (SNAP) for a 3 month period within the past 15 months?	YES NO
5. Are you a Veteran that was discharged within the last 5 years and has received at least 4 weeks of Unemployment Compensation benefits within the last year? If yes, please provide your Discharge date ____/____/____.	YES NO
6. Are you a veteran entitled to compensation for a service-connected disability <b>AND</b> during the past year, you were discharged or released from active duty <b>OR</b> you were unemployed for 6 months? If yes, please provide your Discharge date ____/____/____.	YES NO
7. Have you received Vocational Rehabilitation Services approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs?	YES NO
8. During the past year, have you been convicted of a felony, released from prison or placed on probation for a felony?	YES NO
9. Have you received Supplemental Security Income (SSI) benefits anytime within the last 90 days?	YES NO
10. Have you received a Ticket To Work?	YES NO
11. Have you been employed for less than 40 hours total during the last 60 days?	YES NO
I attest under penalty of perjury that the information provided on this form to the best of my knowledge is true and correct. I hereby authorize agencies, organizations, or individuals to release the verification of information on this form for the purpose of applying for tax credit certification. This permission is valid until certification is issued.	
<b>EMPLOYEE SIGNATURE:</b> _____	<b>DATE:</b> _____
If you answered yes to receiving any benefits or services listed above, please provide the city and state where the benefits or services were received.	
City: _____	State: _____
If your family received TANF/AFDC or Food Stamp benefits (SNAP), please provide the name and relationship of the primary recipient.	
Primary Recipient Name: _____	Relationship to you: _____
SECTION 2 <span style="color: red; font-weight: bold;">*** TO BE COMPLETED BY AGENCY OFFICIAL ONLY***</span>	
AUTHORIZED AGENT SIGNATURE: _____	DATE: _____
DATES OF SERVICE: _____ TO _____	AGENCY STAMP: _____