



YUBA-SUTTER ENTERPRISE ZONE
HIRING TAX CREDIT PROGRAM - EMPLOYEE QUESTIONNAIRE

To be completed by employee (participation is voluntary):

Business Name: \_\_\_\_\_

Employee Name/First: \_\_\_\_\_ Last: \_\_\_\_\_ SSN# \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

New position created ? \_\_\_ or existing position? \_\_\_ If no longer employed, date of termination: \_\_\_\_\_

MINIMUM DOCUMENTATION REQUIRED: completed application & copy of I-9 (if available) (please include copies of driver's license; social security card; alien registration card, if applicable)

ELIGIBILITY CRITERIA — QUALIFYING PROGRAMS

Please check all that apply to you immediately proceeding (90 days) employment with the business identified above — if any item is checked, you (the employee) is potentially eligible as an enterprise zone hiring credit participant. To complete the qualification, independent documentation must be submitted that verifies the qualifying criteria you have marked. (See reverse for examples of qualifying documentation that can be used.)

- 1. \_\_\_ Eligible for services or receiving services under the federal Workforce Investment Act (WIA) for employees hired July 1, 2000 or later, or the Job Training Partnership Act (JTPA) for employees hired before July 1, 2000.
2. \_\_\_ Eligible for services or receiving services under CalWORKs, successor to Greater Avenues of Independence Act of 1985 (GAIN)
3. \_\_\_ Economically disadvantaged individual 14 years of age or older (must also verify family income)
4. \_\_\_ Dislocated Worker (to qualify, at least one of the following statements must apply to you:
\_\_\_ Due to termination or layoff
\_\_\_ Due to a plant closure (company moved or went out of business)
\_\_\_ Long-term unemployed (15 weeks out of 26 weeks 6 months prior to employment)
\_\_\_ Previously self-employed and unemployed due to general economic conditions
\_\_\_ Civilian employee of the Dept. of Defense at a military installation being closed or realigned
\_\_\_ Active member of the Armed Forces or National Guard as of 9/30/1990 or involuntarily separated or separated pursuant to a special benefits program
\_\_\_ Seasonal or migrant worker
\_\_\_ Individual laid off or terminated as a consequence of the Clean Air Act
5. \_\_\_ Disabled individual who is eligible for, or enrolled in, or completed a state rehabilitation plan
6. \_\_\_ Disabled individual who is a service-connected disabled veteran, veteran or the Vietnam era, or Veteran recently separated from military services
7. \_\_\_ Ex-offender
8. \_\_\_ Individual eligible for or a recipient of Federal Supplemental Security Income benefits, Temporary Assistance to Needy Families, Food Stamps, and local general assistance
9. \_\_\_ Member of a federally-recognized Indian Tribe, band, or other group of Native American Descent
10. \_\_\_ Resident of a Targeted Employment Area
11. \_\_\_ Member of a targeted group, as defined in Section 51(d) of the Internal Revenue Code [i.e. Targeted Jobs Tax Credit and its successors, Welfare to Work and Work Opportunity Tax Credit (WOTC)]

**FAMILY INCOME VERIFICATION:**

If using criteria #3 - Find the column that represents the number of family members in household. If the total income for all working family members in the household is less than the amount on the line below, write "Yes" in the corresponding box. (Figures based on 2003 70 percent LLSIL and 2003 poverty guidelines.) *Family means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (i) a husband, wife, and dependent children; (ii) a parent or guardian and dependent children; (iii) a husband and wife.*

Family Size	1	2	3	4	5	6
6 Months Income	4,490	6,535	8,975	11,075	13,075	15,285
YES?						

If your family income is within the above chart, complete the following -- if your income is not within the chart, do not complete.

List all family members and their relationship to you	Age	source of income	past 6 mo. total

**EMPLOYEE DECLARATION (Used if verification of information by Zone is needed)**

By signing this document, I am certifying that all the information on the application form is correct to the best of my knowledge, and I acknowledge that such information is subject to verification. I also authorize any public and/or private agency to release benefit history information to the Yuba-Sutter Enterprise Zone lead agency or to the One Stop Centers for Business and Workforce Development to verify my eligibility for a state-sponsored tax incentive program.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DOCUMENTATION LIST:**

In addition to the required attachments (I-9 and driver's license; social security card; alien registration card, if applicable), attach at least one document per category that applies to you. Income verification applies to all applicants.

Family income verification:  
All applicants that have checked item #3 or are a seasonal migrant worker must submit documentation relating to each income source — for example:  
 Pay stubs (for last 6 months)  
 W-2 form  
 Pension statement  
 Employer Statement  
 Unemployment Insurance documents  
 Alimony Agreement

Recipient of public assistance verification:  
 Food stamp recipient, submit one of following:  
 Food stamp card with current date  
 Food Stamp Receipt  
 Letter from food stamp agency  
 Postmarked food stamp mailer  
 Other assistance:  
 Printout of Public Assistance  
 Copy of Public Assistance Check  
 Medical Card Showing Cash Grant  
 Status

Statement from Social Service Agency  
  
Veteran verification:  
 DD214, Report of Transfer or Discharge  
 Other official discharge document

Individuals with Disabilities:  
 Vocational Rehabilitation Statement  
 Physician Statement; VA Statement  
 Disability Award Letter

Offender:  
 Court documents  
 Letter of parole  
 Letter from probation officer  
 Police records

Homeless verification:  
 Applicant Statement  
 Statement from individual providing temporary residence  
 Statement from shelter

Indian Tribe  
 birth certificate; letter from tribe; card

\*An applicant statement certifying the criteria can be used if no other documentation is available; please ask the zone manager for the form.

from Bureau of Indian Affairs