

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

**U.S. Department of Labor**  
Employment and Training Administration

1. Control No. (For Agency use only)		<b>APPLICANT INFORMATION</b> (See instructions on reverse)	OMB No. 1205-0371
			Expiration Date: November 30, 2011
		2. Date Received (For Agency Use only)	
<b>EMPLOYER INFORMATION</b>			
3. Employer Name		4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
<b>APPLICANT INFORMATION</b>			
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: _____
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>			
9. Employment Start Date		10. Starting Wage	11. Position
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____			Yes ___ No ___
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for at least a 3-month period during the 15-month period ending on your hire date? 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? If YES, were you discharged or released from active duty within the year before you were hired? OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?			Yes ___ No ___  Yes ___ No ___  Yes ___ No ___  Yes ___ No ___
14. Are you a member of a family that received SNAP (Food Stamps) benefits for the 6-month period before you were hired? OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.			Yes ___ No ___  Yes ___ No ___

<p>15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a state? <span style="float: right;">Yes ___ No ___</span></p> <p><b>OR</b>, by an Employment Network under the Ticket to Work Program? <span style="float: right;">Yes ___ No ___</span></p> <p><b>OR</b>, by the Department of Veterans Affairs? <span style="float: right;">Yes ___ No ___</span></p>	
<p>16. Are you a member of a family that received Temporary Assistance to Needy Families (TANF) for at least the last 18 months before you were hired? <span style="float: right;">Yes ___ No ___</span></p> <p><b>OR</b>, are you a member of a family that received TANF benefits for <b>any</b> 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? <span style="float: right;">Yes ___ No ___</span></p> <p><b>OR</b>, 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? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If NO</b>, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES, to any question</b>, enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.</p>	
<p>17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES</b>, enter <i>date of conviction</i> _____ and <i>date of release</i> _____.</p> <p><b>Was this a Federal</b> ___ <b>or a State</b> ___ <b>conviction?</b> (Check one)</p>	
<p>18. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community? <span style="float: right;">Yes ___ No ___</span></p> <p><b>OR</b>, in a Rural Renewal County (RRC)? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES</b>, enter <i>name of the RRC</i>: _____</p>	
<p>19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? <span style="float: right;">Yes ___ No ___</span></p>	
<p><b>20.</b> Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? <span style="float: right;">Yes ___ No ___</span></p> <p><b>OR</b> were you discharged or released from active duty in the Armed Forces for a service-connected disability? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES</b>, where you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES</b>, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? <span style="float: right;">Yes ___ No ___</span></p>	
<p><b>21.</b> Are you at least age 16 but under age 25? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES</b>, did you <b>not</b> regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES</b>, were you not regularly employed during that 6-month period? <span style="float: right;">Yes ___ No ___</span></p> <p><b>If YES</b>, were you not employable because you lacked basic skills? <span style="float: right;">Yes ___ No ___</span></p>	
<p>22. Sources used to document eligibility: (<b>Employers/Consultants:</b> List all documentation provided or forthcoming. <b>SWAs:</b> List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)</p>	
<p><b>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.</b></p>	
<p>23(a). Signature: (See instructions in Box 23b for who signs this signature block)</p>	<p><b>23.</b> (b) Indicate with a ✓ who signed the form:</p> <p><input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA,</p> <p><input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or</p> <p><input type="checkbox"/> Parent/Guardian (if applicant is a minor)</p>
<p>24. Date:</p>	