Individual Characteristics Form
Work Opportunity and
Welfare-to-Work Tax Credits

U.S. Department of Labor

Employment and Training Administration

1. CONTROL NO. (For Agency Use Only)	**Individual Information (Instructions on the Back)**	OMB Control No.: 1205-0371 2. DATE RECEIVED (For Agency Use Only)

3. EMPLOYER NAME/ADDRESS	4. EMPLOYER FEDERAL ID NUMBER 6. Have you worked for the above employer before? **Yes** _____ **No** _____	5. EMPLOYMENT START DATE Starting Wage: $_____ per hour POSITION:
7. NAME OF INDIVIDUAL (Last, First, Middle)		8. SOCIAL SECURITY NUMBER:

The above named individual is determined to have the following characteristics for WOTC Target Group Certification:

9. Age between 16 - 25?

Yes _____ **No** _____

If YES, indicate your "Date of Birth" below:

Date of Birth:

10. A veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months.

Yes _____ **No** _____

If YES, also complete Box 17.

11. Is a member of a family that received **AFDC (TANF) benefits** for any 9 months in the last 18 months.

Yes _____ **No** _____

If YES, also complete Box 17.

12. Is a member of a family that received Food Stamps for the last 6 months.

Yes _____ **No** _____ **or**

for at least a 3-month period within the last 5 months, BUT is no longer receiving them.

Yes _____ **No** _____

If YES to either, also complete Box 17.

13. In the past year has been convicted of a felony or released from prison after a felony conviction.

Yes _____ **No** _____

If YES, complete below:

Date of Conviction _____

Date of Release _____

Total Income for the **6 months prior to** hire date for all family members living in the same household.

Total Income: _____

(If No Income, Enter 0 above)

No. of family members living in the same household for the 6 months prior to hire date, including yourself: _____

14. Lives and plans to continue living in a Federal **Empowerment Zone, Enterprise or Renewal Community.**

Yes _____ **No** _____

16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days.

Yes _____ **No** _____

15. Is receiving or has received **Rehabilitation Services** through a State Rehabilitation Services program or the Veterans' Administration.

Yes _____ **No** _____

17. If individual is not a primary recipient of benefits, please provide the following:

_____

Name of Primary Recipient

_____

City/State of Benefits

This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit only.

18. Is a member of a family that:

- Has received TANF payments for at least the last 18 **consecutive** months; **Yes** _____ **No** _____ or
- Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years; or **Yes** _____ **No** _____ or
- Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made. **Yes** _____ **No** _____

19. SOURCES USED TO DOCUMENT ELIGIBILITY:

Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.
The signature of the party completing this form is required below.

20. SIGNATURE	21. DATE

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF) ETA 9061. This form is used in conjunction with IRS Form 8850 to determine eligibility for the Work Opportunity and Welfare-to-Work Tax Credits. The form may be completed by the applicant, the employer or employer representative/consultant, the SWA/DLA or the Participating Agency and signed by the person or agency filling out this form. This form is required to be used, without modification, by all employers and/or their representatives.

Box 1: Control Number (for agency use only). The SWA/DLA or participating agency determines the Control Number. It may be a Social Security Number, case number, or other appropriate designation which permits easy filing, identification and retrieval of forms. Enter this number here.

Box 2: Date (for agency use only). Enter the month, day, and year when the form is received.

Box 3: Employer Name/Address. Enter the name and address including zip code and telephone number of the employer applying for a WOTC Employer Certification.

Box 4: Employer Federal ID No. Enter employer's federal taxpayer identification number.

Box 5: Employment-Start Date/Wage/Position or Title. Enter the employment start date, the starting hourly wage, which the employee will be paid. If not known, enter an estimated wage to be paid. Also, enter the job or position title, under which the individual or prospective employee will be performing for this employer.

Box 6: Previous Employment for This Employer. This requires a YES or NO answer. Enter a check mark (✓) in the corresponding blank.

Box 7: Name of Individual. Enter full name of individual or prospective employee.

Box 8: Social Security Number. Enter individual's social security number here.

Boxes 9 through 16 and 18: Reach each box carefully. Enter a check mark (✓) to indicate if your answer is a YES or NO. Provide additional information where requested for either the WOTC or the WtW tax credit's target group eligibility.

Box 17: Name and Address: Enter the name and address of individual who is the primary recipient of benefits.

Box 19: Sources to Document Eligibility. List and/or describe the documentary evidence* or sources of collateral contacts that are attached to this form (ICF) or that will be provided. Indicate in parentheses, next to each document listed whether it is attached or forthcoming. Some examples are provided below. Employers may also obtain a letter from the agency that administers a relevant program, stating that the employee or a member of his/her household meets one of the eligibility requirements.

Examples of Documentary Evidence or Collateral Contacts: Examples Continued:

AGE/BIRTHDATE:
(Required for High-Risk, Summer Youth & Food Stamp)
- Birth Certificate
- Driver's License
- School I.D. Card*
- Work Permit
- Federal/State/Local Government I.D.♦
- Hospital Record of Birth

FAMILY INCOME:
(Required for Ex-felon)
- Pay Stubs
- Employer Contacts
- W-2 Forms
- UI Documents
- Public Assistance Records of No. of Months Benefits Were Received
- Family Members' Statements
- Parole Officer's Name
- Parole Officer Statements

SSI RECIPIENT:
- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Issuance

VOCATIONAL REHABILITATION REFERRAL:
- Voc. Rehab. Agency Contact
- Social Services Agency Contact
- Veterans' Administration

EX-FELON STATUS:
- Parole Officer's Name
- Correction's Institution Records
- Court Record, Extracts

AFDC (IV-A) RECIPIENT:
- AFDC/TANF Benefit History
- Signed Statement From Authorized Individual With Specific Description
- Case Number

FOOD STAMP RECIPIENT:
- Food Stamp Benefit History
- Signed Statement From Authorized Individual With Specific Description of Months Benefits Were Received
- Case Number Identifier

NUMBER IN FAMILY:
- Public Assistance
- Social Service Agencies

VETERANS' STATUS:
- DD-214
- Reserve Unit Contacts
- Discharge Papers*

VOCATIONAL REHABILITATION REFERRAL:
- Voc. Rehab. Agency Contact
- Signed Statement From Authorized Individual With Specific Description of Months Benefits Received
- Veterans Administration Records

AFDC/TANF & LONG-TERM ASSISTANCE RECIPIENT
- AFDC/TANF Benefits History
- Signed Statement From Authorized Individual With Specific Description of Months Benefits Were Received
- Case Number Identifier

EMPOWERMENT ZONES/ ENTERPRISE/RENEWAL COMMUNITIES
- Driver's License
- Work Permit
- Utility Bills
- Signed Statement From Authorized Individual With Specific Description
- Lease Document
- Voter Registration Card
- Food Stamp Award Letter
- Social Security Agency Letter
- Library Card**
- Landlord's Statement
- Letter From Social Service Agencies
- School Records
- Medicaid/Medicare Card
- Property Tax Record
- Public Assistance Records
- Rent Receipts
- School I.D. Card
- W-4
- Selective Service Registration Card

NOTE: This list is not an exhaustive list. For more information, contact your WOTC public State Workforce Agency.

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* Where any item of documentation such as a Federal I.D. Card does not contain age or birthdate, the SWA/DLA must obtain another documentary source to verify the individual's age.
**Where any item of documentary evidence, such as a library card does not contain the holder's address, the SWA/DLA must obtain documentary evidence issued in the jurisdiction where the EZ/EC or RC is located showing the holder's address.

Box 20: Signature. If applicant completes this form, he/she must enter signature here. If applicant is a minor, the parent or guardian should sign this box. If form is completed by the employer or his/her representative, enter corresponding signature here. If form was completed by the intake staff of a SWA/DLA or participating agency, enter corresponding signature in this box.

Box 21: Date. Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these requirements is required to obtain and retain benefits per P.L. 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room C-4514, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

(Cut along dotted line and keep in your files)

TO THE JOB APPLICANT OR EMPLOYEE:

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM--OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM--WILL BE DISCLOSED BY YOUR EMPLOYER TO THE CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD), IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT. PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ON A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.