WORK OPPORTUNITY TAX CREDIT (WOTC) SURVEY

Your new employer participates in a federal work initiative called the **W**ork **O**pportunity **T**ax **C**redit (WOTC). WOTC enables companies to claim tax credits based on information provided by job applicants and new employees. The information provided will only be used for WOTC purposes and will **NOT** affect your taxes on your new job. Thank you for your cooperation.

Name: _____ Work Start Date: ____/____/____
First Last Month Day Year

Address: _____
Street City State Zip Code

Social Security Number: _____ Date of Birth: ____/____/____
Month Day Year

Employer: _____

Job Title: _____ Hourly Rate of Pay: _____

Please read each statement below and check the 'YES' box to any statement that applies to you:

		YES
1)	I am a member of a family who received Temporary Assistance to Needy Families (TANF) for any 9 months during the past 18 months.	☐
2)	I am a member of a family who received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) anytime during the past 6 months.	☐
3)	I personally received Supplemental Security Income (SSI) anytime during the last 2 months.	☐
4)	I participated in a rehab program approved by the state, the Ticket to Work program, or the Department of Veterans Affairs.	☐
5)	I am a veteran who received SNAP benefits (food stamps) for at least a 3-month period during the past 15 months.	☐
6)	I am a veteran who was unemployed for at least 4 weeks during the past year.	☐
7)	I am a veteran who was unemployed for at least 6 months during the past year.	☐
8)	I am a veteran discharged from active duty within the last 12 months and entitled to compensation for a service connected disability.	☐
9)	I am a veteran receiving compensation for a service connected disability who was unemployed for at least 6 months during the last 12 months.	☐
10)	During the last 12 months, I was convicted of a felony or released from prison for a felony.	☐
11)	I am an enrolled member or my spouse is an enrolled member of an American Indian Tribe. If YES, Tribe Name _____ CDIB # _____ **Please provide a copy of your CDIB card.**	☐

Under penalties of perjury, I declare that the above information is, to the best of my knowledge, true, correct and complete. My signature authorizes release of information by the appropriate government agency, such as Motor Vehicles, Unemployment Insurance or Veterans, to verify my eligibility under WOTC.

_____
Signature Date Jan-12