

Individual Characteristics Form
Work Opportunity Tax Credit

U.S. Department of Labor
Employment & Training Administration

1. CONTROL NO. (For Agency Use Only)	Individual Information (Instructions on the Back)	OMB No. 1205-0371 Expires: 8/31/09
		2. DATE RECEIVED (For Agency Use Only)

3. EMPLOYER NAME/ADDRESS: ABC Manufacturing 123 4th Street Los Angeles, CA 90010	4. EMPLOYER FEDERAL ID NO. 20-222 2222	5. EMPLOYMENT START DATE: Starting Wage: \$ 7.50 per hour POSITION: Machinist
6. Have you worked for the above employer before? Yes ___ No <u>X</u> If Yes, enter date and year: _____		

7. NAME OF INDIVIDUAL (Last, First, Middle):	8. SOCIAL SECURITY NUMBER:
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The above named individual is determined to have the following characteristics for WOTC target group certification:

9. Is your age between 18 but <u>not</u> yet 40? Yes <u>X</u> No ___ If YES, indicate your "Date of Birth" below: Date of Birth: <u>01/01/86</u>	10. Is 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 <u>X</u> If YES, also complete Box 17.	11. Is a member of a family that received TANF benefits for any 9 months in the last 18 months. Yes ___ No <u>X</u> If YES, also complete Box 17.
12. Is a member of a family that received Food Stamps for the last 6 months. Yes ___ No <u>X</u> 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, individual has been <u>convicted</u> of a felony or <u>released</u> from prison after a felony conviction. Yes ___ No <u>X</u> If YES, complete below: Date of Conviction _____ Date of Release _____	14. Lives and plans to continue living in a federal Empowerment Zone, Enterprise Round II or Renewal Community. Yes ___ No <u>LEAVE BLANK</u> 16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days. Yes ___ No <u>X</u>
15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services' program or the Veterans' Administration. Yes ___ No <u>X</u>	17. If individual is not a primary recipient of benefits, please provide the following: <u>N/A</u> Name of Primary Recipient <u>N/A</u> City/State of Benefits	

18. Is a "ticket holder" under the Ticket to Work Program Yes ___ No <u>X</u>	19. The "ticket holder" has an Individual Work Plan (IWP) from an Employment Network (EN). Yes ___ No <u>X</u>
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20. Is a member of a family that:

- Has received/is receiving 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, and 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, and having a hiring date not more than 2 years after the date of cessation of TANF benefits. Yes ___ No ___

21. SOURCES USED TO DOCUMENT ELIGIBILITY:
CA Drivers License (Please Provide Copy)

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. If applicant is a minor, the parent or guardian should sign this box.

22. SIGNATURE: <u>Jose San</u>	23. DATE: <u>1/1/2007</u>
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