



Tulare County Business Incentive Zone Pre-Screening Form

Company Name: _____ Wage: \$ _____ (Per Hour)

Date of Hire: _____ Job Title: _____

Your employer is located in the Tulare County Business Incentive Zone and may be eligible for hiring tax credits. The information on this pre-application form is necessary to determine whether or not you are eligible for the credit. The information is voluntary and will remain confidential.

Please print clearly and answer all questions completely.

Part A - Employee Information

Last Name: _____ First Name: _____

Street Address: _____ City/Zip Code: _____

Home Phone #: _____ SSN #: _____

Are you a U. S. Citizen? Yes No If No - Are you a resident alien Yes No

Are you a member of a federally recognized Indian tribe, band, or other group of Native American descent? Yes No

Are you an ex-felon released from prison or parole within one year of your hire date? Yes No

Part C - Job History

(Please mark Yes or No)

Were you laid off from your previous job?..... Yes No

(If yes: Name of Employer _____ Date of Layoff: _____)

Were you unemployed due to a plant closure or military installation closure?..... Yes No

Were you terminated or laid off due to the Clean Air Act?

Have you been unemployed for 15 out of the last 26 weeks?..... Yes No

Were you previously self-employed?..... Yes No

Part D - Military History

(Please mark Yes or No)

Are you a service connected disabled Veteran?
 Were you discharged from military service 48 months prior to working with this company?
 Did you serve between the dates of 8/5/64 to 5/7/75?
 Was an active member of the armed forces as of September 30, 1990, involuntarily separated or separated pursuant to a special benefits program.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Part E - Assistance History

(Please mark Yes or No)

Have you or your family received:
 Aid to Families with Dependent Children (AFDC)?
 CalWORKS (Previously known as GAIN)?
 Job Training Services funded by WIA or the Workforce Investment Act (WIA)?
 Supplemental Security Income (SSI); Social Security Payment)?
 General Assistance?
 Food Stamps?
 6 months prior to your hire with this company, did you receive unemployment insurance payments?
 Are you enrolled or have you completed a state rehabilitation program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Part F - Family Income

*Include your children 22 years of age and under and/or legal dependants that lived in your household in the 6 or 12 months prior to your hire with this company.

Please circle the amount that best describes your total family income.

Family Size	1	2	3	4	5	6	*Each Additional Add
*Annual Income	< \$8,360	\$13,700	\$18,810	\$23,220	\$27,400	\$32,050	\$4,650
*6 Month Income	\$4,180	\$ 6,850	\$ 9,405	\$11,610	\$13,700	\$16,025	\$2,325

Income may include: wages, alimony, college grants, state disability payments, etc.

List names, ages and income for immediate family members	Age	Source of Income	* Gross Income	
			<input type="checkbox"/> Annual	<input type="checkbox"/> 6 Month
1. Self:			\$	
2. Spouse:				
3.				
4.				
5.				
6.				
7. Please include any additional family members.				



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Pre-Screening Form Applicant Statement

Last Name: _____ First Name: _____

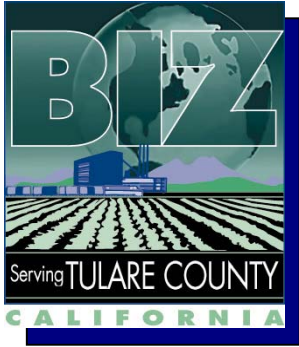
Street Address: _____ City/Zip Code: _____

Home Phone #: _____ Social Security #: _____

By signing this document, I am certifying that all the information on my Business Incentive Zone Pre-Screening Form is correct to the best of my knowledge, and I acknowledge that such information is subject to verification.

I authorize the release of said information by local, state and/or federal agencies to the BIZ Representative and/or related staff within six months of this date.

Applicant Signature: _____ Date: _____



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Pre-Screening Form – Qualifying Documents

Instructions:

Please enclose the Pre-Screening Form and the Qualifying Document necessary to support your eligibility for the hiring credit in the envelope provided. You only need to qualify under one of the criteria to qualify your employer for the Targeted Tax Area Business Incentive Zone Hiring Credit.

Part A - Employee Information:

- Member of federally recognized Indian tribe, band, or other group of Native American descent
(Qualifying Documentation: Copy of Tribal documents)
- Ex-offender shall be treated as convicted if he or she was placed on probation by state court without a finding of guilty
(Qualifying Documentation: Copy of Court documents documenting conviction or probation)

Part B - Place of Residency:

- Immediately preceding the qualified employee's commencement of employment with the qualified taxpayer, was a resident of a TTA
(Qualifying Documentation: Photo copy of Drivers License, Phone or Utility Bill)

Part C - Job History:

- Terminated or Laid off
(Qualifying Documentation: Copy of Lay off letter or UI Printout stating terminated or laid off)
- Unemployment Insurance Benefits
(Qualifying Documentation: Copy of UI Printout or UI Documents showing UI payments)
- Unlikely to return to Previous Occupation
(Qualifying Documentation: Copy of WID/Service Provider/EDD Job Orders for last seven days prior to eligibility determination with Previous Occupation not found)
- Were you terminated or laid off due to the Clean Air Act?
(Qualifying Documentation: Copy of Layoff letter)
- Has been terminated due to permanent closure or any substantial layoff at a plant
(Qualifying Documentation: Copy of Letter from employer / WARN Notice)
- Long-term unemployed
(Qualification Documentation: Unemployed for 15 or more or the 26 weeks prior to eligibility)
- Limited opportunities for employment or reemployment
(Qualifying Documentation: Copy of WID/Service Provider/EDD job orders for last seven days prior to

eligibility determination with Previous Occupation not found)

- Barriers to employment by reason of age
(Qualifying Documentation: Copy of rejection letters or proof of effort to find employment with no positive results)

Part D - Military History:

- Are you a service connected disabled Veteran?
(Qualifying Documentation: Copy of Letter from Veterans Administration)
- An individual Veteran who is recently separated from military service
(Qualifying Documentation: Copy of DD-214 documenting separation from military in last 48 months)
- Veteran of Vietnam Era
(Qualifying Documentation: Copy of DD-214 documenting active service in the military between 08/05/64 through 05/07/75)
- Was an active member of the armed forces as of September 30, 1990, involuntarily separated or separated pursuant to a special benefits program
(Qualifying Documentation: Copy of DD-214 Form)

Part E - Assistance History:

- Aid to Families with Dependent Children (AFDC)
(Qualifying Document: Copy of Letter or printout from Health and Human Services)
- Voluntary or mandatory registrant under CalWorks
(Qualifying Documentation: Copy of Letter or Printout from Health and Human Services)
- Eligible for services or enrolled in WIA or its successor
(Verification: WID MIS System - Name & Social Security Number)
- Federal SSI
(Qualifying Document: Copy of Letter or printout from Social Security Administration)
- State and local government assistance GA
(Qualifying Document: Copy of Letter or printout from Health and Human Services)
- Food Stamps
(Qualifying Document: Copy of Letter or printout from Health and Human Services)
- Disabled individual who is eligible for or enrolled in, or has completed a state rehabilitation plan
(Qualifying Document: Copy of State Department of Rehabilitation Letter)

Part F - Family Income:

- Total Family Income
(Qualifying Documentation: Copies of consecutive pay stubs, UI printout, HHSA benefits history, alimony, child support.

Thank you for your time and cooperation.

