



Sacramento Enterprise Zone/LAMBRA Hiring Credit Questionnaire

Business _____ Phone _____

Business Owner (or Contact Person) _____

Business Address _____

Applicant Name _____

Companies located within Sacramento's Enterprise Zones (Florin Perkins, Northgate Norwood, Sacramento Army Depot) or LAMBRA (Mather or McClellan) can receive a tax credit for employing individuals who meet certain qualifications. You may be a potential Enterprise Zone or LAMBRA qualified individual. Completion of this form is optional.

A. General Applicant Information

Applicant Name _____	
Social Security Number _____	
Street Address _____	
City _____	State _____
Zip Code _____	Telephone Number _____
Job Title _____	
Date of Hire _____	Wage Rate _____

B. Immediately preceding employment I was currently enrolled in *and / or* receiving one of the following: (Check all boxes that apply)

<input type="checkbox"/> Workforce Investment Act-intensive services (WIA). Employment Program Name _____
<input type="checkbox"/> Work Opportunity Tax Credit (WOTC) or Welfare to Work (W2W)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF – formerly AFDC)
<input type="checkbox"/> Food Stamps (FS)
<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Participant in Welfare to Work activities under CalWORKS
<input type="checkbox"/> Refugee Cash Assistance (RCA)
If you checked any of the above boxes, who is your current Case Manager? _____
What is your Case Manager's telephone number? _____
Where is your Case currently located? _____

C. Immediately preceding employment by this EZ/LAMBRA business I was: (Check all boxes that apply)

<input type="checkbox"/> Unemployed due to a plant closure (company moved or went out of business). Company Name _____
<input type="checkbox"/> Unemployed due to a massive layoff (massive layoff is 50 or more employees and at least 33% or the workforce). Name of company _____ City _____
<input type="checkbox"/> Unemployed due to military base closure or realignment.
<input type="checkbox"/> Unemployed due to compliance with Clean Air Act.
<input type="checkbox"/> Unemployed seasonal worker or migrant worker.
<input type="checkbox"/> Self-employed and unemployed due to economy or natural disaster.
<input type="checkbox"/> Displaced homemaker
<input type="checkbox"/> Involuntarily separated active duty of National Guard as of September 30, 1990.
<input type="checkbox"/> Campaign Veteran

D. Immediately preceding employment by this EZ/LAMBRA business I was: (Check all boxes that apply)

<input type="checkbox"/> A member of a federally recognized Indian Tribe, Band, or other group of native American descent. Please state which Tribe _____
<input type="checkbox"/> A disabled individual (eligible for a state rehabilitation plan).
<input type="checkbox"/> An ex-offender County _____ State _____ Year _____
<input type="checkbox"/> A Veteran (service connected disabled vet, Vietnam era, or separated within 48 months).

E. Immediately preceding employment I was eligible: (Check all boxes that apply)

<input type="checkbox"/> To receive subsidized employment, training, or services under the terms of the Workforce Investment Act (WIA).
<input type="checkbox"/> To be registered under the federal WOTC or Welfare-to-Work.
<input type="checkbox"/> For federal Supplemental Security Income (SSI) benefits.
<input type="checkbox"/> For receipt of TANF formerly AFDC (Aid to Families with Dependent Children).
<input type="checkbox"/> For receipt of Food Stamps.
<input type="checkbox"/> For receipt of General Assistance.
<input type="checkbox"/> To be a participant in welfare-to-work activities under CalWORKS.

F. Circle the column describing your family size including yourself

Family Size	1	2	3	4	5	6	7+
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G. Circle the column describing your family income for the six (6) month period (prior to hire)

Income (last 6 months)	Less than \$4,655	Less than \$6,635	Less than \$9,110	Less than \$11,245	Less than \$13,270	Less than \$15,520	For each additional person add \$2,250
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Based on 2004 Lower Living Income Levels and Poverty Guidelines (D-22), CA Dept. of Finance

H. Complete the following for ALL members of your household including yourself:

Your Family Members	Age	Relationship	Sources of Income, <i>if any</i> (<i>verification may be required</i>)
Self			
Spouse			

I. Required Applicant Signature

By signing this document, I am certifying that the above information is true and correct to the best of my knowledge. I acknowledge that such information is **subject to verification**. I authorize the release of said information by local, state and/or federal agencies, Employment Development Department, Sacramento Employment and Training Agency, Sacramento Works to the Sacramento Housing and Redevelopment Agency Enterprise Zone Program and my employer, _____, at the address listed on the first page, for the purpose of determining eligibility for the state hiring tax credit program. I authorize the Employment Development Department to release up to three completed quarters of wages for the period immediately prior to my hire date with this Zone or LAMBRA business (listed in Section A of the previous page) and to release information regarding whether I was receiving unemployment insurance benefits or disability insurance during the same period. This authorization is valid for a period of 12 months after the date listed below.

Applicant's Signature Date

If you have any questions about this form or State EZ/LAMBRA credits, please contact Brad Satterwhite, Enterprise Zone/LAMBRA Coordinator, 630 I Street, Sacramento, CA 95814, (916) 440-1399 x 1291 or at bsatterwhite@shra.org. Our fax number is (916) 442-6736.