



# Department of Economic Opportunity

## Work Opportunity Tax Credit Program

### ELIGIBILITY VERIFICATION FORM

#### SECTION I - Applicant Information

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hire Date: \_\_\_\_\_

I hereby authorize agencies, organizations, or individuals to release the information below to the State of Florida, Department of Economic Opportunity, Employer Support Services Unit, 107 East Madison Street, MSC# G-300 Tallahassee, Florida 32399-4140. I understand that this information will be used solely for the purpose of qualifying my employer for the Work Opportunity Tax Credit (WOTC) program.

Job Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### VOCATIONAL REHABILITATION TARGET GROUP: Check the applicable statement below.

Applicant was referred to employer upon completion of IPE/IWRP

Completion Date: \_\_\_\_\_

Applicant was referred to employer, but is still receiving IPE/IWRP services

IPE/IWRP Start Date: \_\_\_\_\_

#### EX-FELON TARGET GROUP: Check the applicable statement below.

Applicant was convicted of a felony in the past year

Conviction Date: \_\_\_\_\_

Applicant was placed under Community Supervision (Probation/Parole) in the past year, Community Supervision Start Date: \_\_\_\_\_

Applicant was released from prison or jail in the past year

Prison Release Date: \_\_\_\_\_

Applicant was transferred from prison into a Work Release program in the past year

Transfer Date: \_\_\_\_\_

#### SECTION II: To be completed and signed by Authorized Agency Official or Court Official Only

**Perjury Statement:** Under penalty of perjury, I certify that the information provided herein is true and correct to the best of my knowledge. I understand that this information may be subject to verification.

Name of Agency: \_\_\_\_\_

Name of Authorized Official: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_