

Department of Workforce Services  
**TAX CREDIT APPLICATION FOR EMPLOYMENT OF  
PERSONS WHO ARE HOMELESS**



**Section one**

Employer: \_\_\_\_\_ FEIN: \_\_\_\_\_

Employer contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Street address: \_\_\_\_\_

City or town, state, and ZIP code: \_\_\_\_\_

**Section two**

Employee name: \_\_\_\_\_

Start date: \_\_\_\_\_ Social Security number : \_\_\_\_\_

Street address where you live: \_\_\_\_\_

City or town, state, and ZIP code: \_\_\_\_\_

**Requirements**

- Employee meets the definition of a person who is homeless, meaning an individual whose primary nighttime residence is a permanent housing, permanent supportive, or transitional facility.
- Employee is legally able to work in the United States.
- Employee is not an independent contractor.
- Employee has **not** worked for the employer more than 40 hours during the 60-day period immediately preceding the date of hire.

Under penalties of perjury, I declare that I gave the above information to the employer, and it is, to the best of my knowledge, true, correct, and complete. I also declare that I qualify under the employee requirements listed above. I agree to allow the Department of Workforce Services verify all information needed to process this application.

➡ Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under penalties of perjury, I declare that the information I have furnished is, to the best of my knowledge, true, correct, and complete. I understand that the information above may be subject to verification.

➡ Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_