



State of Utah
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: _____

Sleeping accommodations within 60 days of hire (example: car, park, shelter name): _____

Requirements

- Employee meets the definition of a person who is homeless, meaning an individual whose primary nighttime residence is a public or private place not ordinarily used as a regular sleeping accommodation for an individual or a publicly or privately operated shelter including 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 to 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 signature: _____ **Date:** _____

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