



STATE OF CALIFORNIA
Enterprise Zone Hiring Tax Credit
Income Verification Worksheet

Instructions: Employers must prepare this worksheet for each employee who qualifies under Section III.D. (*Economically disadvantaged individual*) of the Voucher Application and attach it to the application.

Eligibility for this category requires that (1) the employee meet the income limits in Table A, which must be completed by the local Enterprise Zone, and (2) the applicant and/or others provide all of the information and signature(s) requested in Tables B and C below. Complete Section IV only if the employee was self-employed or received no income within the 90 days preceding the employee's date of hire.

I. Employee Information

Name:

Date of Hire:

II. Enterprise Zone Data

Enterprise Zone Administrator: The local Enterprise Zone must complete Table A. To do this, staff for the Enterprise Zone should identify (1) the name of the county that is used to determine the income limit, and (2) the income limit for the corresponding family size based on the Department of Housing and Community Development's Official State Income Limits for the very-low income category available on its website at the following address:

<http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html>

Because the incomes listed represent the annual limit, the Enterprise Zone should multiply the very-low income figure by 25 percent to approximate the 90-day income limit.

Table A
 Income Limits for Economically Disadvantaged

| | | | | | | |
|---------------------|---------|---------|---------|---------|---------|---------|
| County: Shasta | | | | | | |
| Family Size | 1 | 2 | 3 | 4 | 5 | 6 |
| 90-Day Income Limit | 4938.00 | 5637.00 | 5829.00 | 7038.00 | 7614.00 | 8175.00 |

III. Family Household Income

Employer: In the following table, list each family member in the employee's household, including the employee, who is at least 14 years of age. For each member, identify (a) the family member's name, (b) the family member's relationship to the employee (e.g., self, parent or guardian, spouse, dependent child or sibling, or other), (c) the form of income verified (e.g., hourly wages, salary, public assistance, unemployment compensation, etc.), and (d) the amount of income earned within the 90 days preceding the employee's date of hire. If no income was earned, state "None."

Table B
 Family Household Income

| (a) | (b) | (c) | (d) |
|--------------------------------|--------------------------|----------------------------|---|
| Family Household Member (Name) | Relationship to Employee | Form(s) of Income Verified | Amount of Income Earned Within Preceding 90 Days (\$) |
| <i>Employee</i> | <i>Self</i> | | |
| | | | |
| | | | |
| Total Family Household Income= | | | \$ |

