



SAN JOAQUIN COUNTY
ENTERPRISE ZONE

Employer Voucher Application Instructions

This tool is to assist you in the process of completing the voucher application for the San Joaquin County Enterprise Zone. If you require additional assistance, contact the Enterprise Zone staff at (209) 468-3615.

The process for obtaining a voucher includes several steps. These instructions are to assist you with completing the steps. To apply for a voucher certificate, you will submit a voucher application, accompanied by the appropriate documentation to support the finding of eligibility, and the applicable voucher fees to the vouchering agency.

Step I – Voucher Application and Support Documentation

To apply for a voucher, the employer or employer representative must submit a completed “Voucher Application”. You may obtain the most recent version of the application at www.sjcez.org, click on SJC EZ Documents, select and open the Voucher Application. Either print or save the document on your computer.

Complete the Voucher Application as follows:

1. Complete all information in Section I – **Employee Information**
 - A. Name
 - B. Social Security Number (Last 4 digits only)
 - C. Home Address (This must reflect the address identified at time of hire)
 - D. City/State/Zip
 - E. Phone Number (if available)
 - F. Job Title
 - G. Starting Hourly Wage
 - H. Date of Hire
 - I. Date of Termination (if applicable)
 - J. Identify if the employee position is newly created or previously existing.

2. Complete all information in Section II – **Employer Information and Declaration**
 - A. Employer Name
 - B. Federal Tax ID Number
 - C. Address (within Zone)
 - D. Business Address (If different from Zone Address)
 - E. Contact Name (This should be the person able to answer any questions about the voucher. If using a consultant to submit voucher applications, enter the consultant name and agency here.)
 - F. Phone Number
 - G. Contact Email Address

3. Select the appropriate **Eligibility Category** in Section III. You must attach documentation to the voucher application that supports the selected eligibility category. See pages 5 to 8 for further guidance on acceptable documentation for each eligibility category.
Select and verify only ONE category.
 - A. California Work Opportunity and Responsibility for Kids (CalWORKS)
 - B. Workforce Investment Act (WIA) (enrolled/eligible for WIA Intensive Services or Core B)
 - C. Work Opportunity Tax Credit (WOTC) or successor program
 - D. Economically disadvantaged individual 14 years of age or older (Must attach the Income Verification Worksheet)
 - E. Dislocated worker under one of the following categories:

- 1) Terminated, laid off, received notice of termination or layoff, and eligible for or has exhausted unemployment benefits, and is unlikely to return to his or her previous industry or occupation
 - 2) Plant, facility, or enterprise closure (Include plant or company name)
 - 3) Long-term unemployed and has limited opportunities for employment or reemployment
 - 4) Formerly self-employed but now unemployed due to general economic conditions
 - 5) Former Department of Defense civilian employee at a military installation
 - 6) Active member of the armed forces or National Guard as of September 30, 1990
 - 7) Seasonal unemployment
 - 8) Clean Air Act compliance
- F. Disabled individual or service-connected disabled veteran
- G. Vietnam Veteran or veteran recently separated
- H. Ex-offender
- I. Recipient of, or eligible for, Public Assistance (AFDC/TANF, SSI, Food Stamps)
- J. Native American, Native Samoan, Native Hawaiian or member of another group of Native American descent
- K. Targeted Employment Area (TEA) resident

Step II – Income Verification Worksheet (applies only to Economically Disadvantaged)

If the individual qualifies as an “economically disadvantaged individual”, the employer must prepare the Enterprise Zone Hiring Tax Credit Income Verification Worksheet. This is a 2-page document. You may obtain the most recent version of the Income Verification Worksheet at www.sjcez.org, click on SJC EZ Documents, select and open the Income Verification Worksheet. Either print or save the document on your computer.

Complete the Income Verification Worksheet as follows:

1. Complete all information in Section I – Employee Information
 - a. Name
 - b. Date of Hire
2. Section II – Circle the appropriate number of family members. Make sure the family income is below the amount identified for the appropriate number in family.
3. Complete information in Section III – Family Household Income
 - a. Family Household Member Name – Enter the name for each family member that is 14 years or older.
 - b. Relationship to Employee – Identify how the individual is related to the employee.
 - c. Form(s) of income verified – Identify the source of income, i.e., wages, retirement, etc. If no income, identify none.
 - d. Amount of income earned within preceding 90 days – Identify the total amount of gross (before taxes) income for each individual. If no amount, identify none.

4. If the employee has zero income for the preceding 90 days, have the employee sign and date the form indicating they have had no income.
5. Complete Section IV – Summary Information
 - a. Family Size - Enter the total number of members in the family
 - b. Family Household Income (preceding 90 days) – Enter the total amount of income from all family members as identified in Section III.
 - c. Date verified employee’s income – Enter the date the income verification was complete.
 - d. Name, address, and telephone number of income provider or third party that verified the employee’s income – If other than documentary evidence was used, provide the contact information for verification purposes.
 - e. Certification of individual, who prepared this table – Sign, enter job title, and date the income verification on the date it was completed.

Step III – Voucher Submittal

To obtain a voucher submit one packet for each qualified employee. Each packet must contain the following:

1. A completed State of California Enterprise Zone Hiring Tax Credit Voucher Application.
2. A completed State of California Enterprise Zone Hiring Tax Credit Income Verification Worksheet (**for those individuals that qualify based on Economically Disadvantaged category only**).
3. Documentation supporting the eligibility category identified in Section III (i.e. Printout from EDD for wages or DD214 for veteran status). See pages 5 – 8 for acceptable documents for each eligibility category.
4. A check made payable to SJC Economic Development Association for the appropriate fees. Please go to www.sjcez.org for the current fees.

A cover letter identifying the contact person, the total number of vouchers and the total fees submitted is requested (i.e. enclosed is a check in the amount of \$150.00 for 2 vouchers for Sunrise Company).

Submit your voucher packets and appropriate fees to:

SJC Economic Development Association
56 South Lincoln Street
Stockton, CA 95203
Attn: Enterprise Zone

If you need additional assistance, please contact the San Joaquin County Enterprise Zone at (209) 468-3615.

ELIGIBILITY:	ACCEPTABLE DOCUMENTATION:
<p>TEA RESIDENT (hire date on or after 1/1/1998)</p>	<ul style="list-style-type: none"> • Must provide a copy of the officially listed address range for the TEA street address. • The link for the City of Stockton/San Joaquin TEA street listing is: http://www.sjcez.org/pdf/Stockton-TEA.pdf • The link for the San Joaquin County Enterprise Zone TEA street listing is: http://www.sjcez.org/pdf/Stockton-TEA.pdf • Upon final designation from HCD, the San Joaquin County Enterprise Zone will have a new TEA. Until that time, the TEA from the expired City of Stockton/San Joaquin Enterprise Zone will remain valid. <p>And one of the following:</p> <ul style="list-style-type: none"> • Form I-9, US Department of Justice, Immigration and Naturalization Service • W-4 • Driver’s License or State ID Card • Landlord statement • Lease or rental agreement • Utility Bill
<p>WIA</p>	<ul style="list-style-type: none"> • Registered for Core-B or intensive services - Contact WorkNet Center at (209) 468-3500
<p>DISABLED INDIVIDUAL/WORKER (disabled and eligible for, enrolled in, or completed a state rehabilitation plan) Must provide one of the bullets</p>	<ul style="list-style-type: none"> • Physician’s statement • Rehabilitation plan • Vocational rehabilitation letter • Verification by state or federal rehabilitation counselor • Letter from a state drug or alcohol rehabilitation agency • Medical records • Social Security Administration disability records • Social Service records/referral
<p>DISABLED INDIVIDUAL/WORKER (Veteran disabled worker) Provide one document demonstrating that the employee is a service-connected disabled veteran.</p>	<ul style="list-style-type: none"> • DD-214 (Defense Department Report of Separation) • Veterans Administration documentation • Verification by State Veterans Agency
<p>VIETNAM ERA VETERAN or RECENTLY SEPARATED FROM MILITARY SERVICE Provide one of the bullet points</p>	<ul style="list-style-type: none"> • Report of separation or discharge from the armed services or the National Guard. • Veterans Administration documentation • Verification by State Veterans Agency. <p>(“recently separated” is defined as within 48 months preceding commencement of employment; and the term “Vietnam Era Veteran” is defined a veteran with active military service b/w 8/5/64-5/7/75.</p>

<p>EX-OFFENDER (one of the documents verifying that immediately preceding commencement of employment that the employee was a ex-offender)</p>	<ul style="list-style-type: none"> • Court documents • Letter of parole • Letter from probation officer • Police records • Other government document verifying ex-offender status (i.e. letter from board of prison terms, letter from governor's office) • Signed background check report (certified, if required) • Signed independent court records (certified, if required)
<p>ECONOMICALLY DISADVANTAGED</p>	<ul style="list-style-type: none"> • Official document (i.e. ID) showing employee's age or date of birth (=>14) • Verification of all sources of income and family size w/in the household. (not to exceed the very low income category as determined by the Income Limits by the Dept. pursuant to CCR, Title 25, section 6932 or latest edition of Section 8 Income Limits by US Dept. of Housing and Urban Development.)
<p>RECEIVING PUBLIC ASSISTANCE (documents must verify that the employee was receiving or eligible to receive assistance immediately preceding the commencement of employment)</p>	<ul style="list-style-type: none"> • Public assistance award letter • Benefit printout • Current food stamp identification card or award letter • Social Security Insurance award letter or check stub • Refugee Cash Assistance. • Verification by Department of Social Services • Written statement from county welfare office or telephone verification by zone manager • Public assistance records/printout
<p>PARTICIPANT IN WELFARE-TO-WORK ACTIVITIES – UNDER CALWORKS</p>	<ul style="list-style-type: none"> • Document issued by the local CalWorks administrator stating that the employee was eligible for CalWorks.
<p>MEMBER OF INDIAN TRIBE/NATIVE AMERICAN (Native American, Samoan, Hawaiian) Provide one of the bullet points</p>	<ul style="list-style-type: none"> • Native American tribal record document • Certified Degree of Indian Blood (CDIB) card, issued by the Bureau of Indian Affairs • Documentation that the employee is a Native Samoan, Hawaiian, or a member of another group of Native American descent.
<p>ENROLLED IN JTPA (before 7/2000)</p>	<p>Contact WorkNet Center at (209) 468-3500 for assistance</p>
<p>WOTC</p>	<ul style="list-style-type: none"> • Copy of WOTC certification page

<p>DISLOCATED WORKER Layoff / terminated (provide one from each bullet)</p>	<ul style="list-style-type: none"> • Documentation that employee has been terminated or laid off <ul style="list-style-type: none"> a) copy of termination notice or other company doc of employee termination or lay off b) Employer or union rep letter identifying the employee’s termination date. c) Photocopy of printed media article or announcement, including name & date of the publication, describing the layoff, w/ copy of employee’s last payroll check prior to hire by applicant. d) Separation/Termination report or equivalent signed by former employer e) Unemployment Insurance Records • Documentation that employee is eligible for or has exhausted entitlement to U.I. benefits. <ul style="list-style-type: none"> a) Unemployment insurance records b) Statement by an unemployment insurance representative. • Demonstrate that employee is unlikely to return to previous industry <ul style="list-style-type: none"> a) CA EDD’s LMI Division screens indicating limited opportunities for employment in same/similar occupation. b) Doctor’s statement indicating employee’s inability to return to previous industry/occupation physically c) Vocational rehabilitation counselor’s statement indicating inability to return to occupation physically.
<p>DISLOCATED WORKER Plant Closure (provide one from each bullet)</p>	<ul style="list-style-type: none"> • Documentation that there has been permanent plant closure or substantial lay off <ul style="list-style-type: none"> a) Bankruptcy docs for Ch. 7 notice of foreclosure that shows a mass layoff will occur as a result of its issuance. b) Copy of printed media/article/announcement including the name and date of publication describing closure c) Statement from the employer or the union representative d) Statement from the employer’s bank official, attorney, supplier or accountant. e) WARN Notice • Documentation that employee was employed at plant identified above. <ul style="list-style-type: none"> a) Copy of notice of termination or layoff or other company documentation of employee’s termination. b) Employer or union rep letter identifying employee’s termination date. c) Separation/Termination report or equivalent signed by former employer d) Evidence that the employee is or was employed by the plant e) WARN notice
<p>DISLOCATED WORKER Long-term unemployed w/ limited opportunities for employment or reemployment in same or similar occupation (provide one from each bullet)</p>	<ul style="list-style-type: none"> • Documentation employee is long-term unemployed-one of the following dated at least 15 weeks prior to commencement of employment with the applicant. <ul style="list-style-type: none"> a) Proof of receipt of unemployment benefits for at least 15 weeks prior to date of hire b) Unemployment insurance verification (benefits records) c) Unemployment insurance award letter with claim history d) WIA Displaced Worker Unit Verification. e) Statement by an unemployment insurance representative f) Documentation that qualifies employee as a dislocated worker • Documentation that the employee has limited opportunities for employment in occupation <ul style="list-style-type: none"> a) CA EDD’s LMI Division screens indicating limited opportunities for employment in same/similar occupation. b) Doctor’s statement indicating employee’s inability to return to previous industry/occupation physically c) Vocational rehabilitation counselor’s statement indicating inability to return to occupation physically.

<p>DISLOCATED WORKER Former self-employed worker (provide a combination of documents that employee had a business & it closed) could be any of the bullets</p>	<ul style="list-style-type: none"> • Bankruptcy docs listing both the name of the business and the employee's name • A business license or permit listing the employee's name • Copy of articles of incorporation or documentation of dissolution for the business listing the employer as an owner • Prior year's income tax return.
<p>DISLOCATED WORKER Dislocated civilian employee of the Department of Defense employed at a military installation being closed or realigned under the Defense Base Closure and Realignment Act of 1990</p>	<ul style="list-style-type: none"> • Copy of the employee's termination notice; <p style="text-align: center;">and either</p> <ul style="list-style-type: none"> • Copy of a media article or announcement describing the layoff or closure; or • An employer or union representative letter describing the layoff or closure.
<p>DISLOCATED WORKER Active Member of the armed forces or National Guard as of 9/30/90, and was involuntarily separated, or separated pursuant to a special benefits program. (provide one of the bullets)</p>	<ul style="list-style-type: none"> • Report of separation or discharge from the armed services or the National Guard • Veterans Administration documentation • Verification by State Veterans Agency
<p>DISLOCATED WORKER Seasonal Unemployment (Provide one of the bullets)</p>	<ul style="list-style-type: none"> • Documentation of employee's migrant employment in a seasonal occupation • Employer or union representative letter describing seasonal layoff in seasonal occupation. • Copies of termination notices identifying employer and employee • Copies of employee's pay stubs identifying seasonal employer.
<p>DISLOCATED WORKER Due to Clean Air Act compliance</p>	<ul style="list-style-type: none"> • Copy of the employee's termination notice; <p style="text-align: center;">and either</p> <ul style="list-style-type: none"> • Copy of media article or announcement describing the reason for the layoff; or • Employer or union rep letter stating that compliance with the Clean Air Act was the reason of layoff.