TAX CREDIT RELEASE FORM

SECTION 1 * TO BE COMPLETED BY EMPLOYEE ***

EMPLOYEE NAME:	SOCIAL SECURITY NUMBER:
DATE OF BIRTH:	DATE OF HIRE:

I attest under penalty of perjury that the information provided on this form to the best of my knowledge is true and correct. I hereby authorize agencies, organizations, or individuals to release the verification of information on this form for the purpose of applying for tax credit certification. This permission is valid until certification is issued.

EMPLOYEE SIGNATURE: **DATE:**

If you received any benefits (TANF, Food Stamps or SSI) or services through (Vocational Rehabilitation or the Department of Corrections) please provide information about the agency that provided the benefits or services.

AGENT NAME:	AGENCY:	
AGENCY ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:	FAX NUMBER:	

SECTION 2 * TO BE COMPLETED BY AGENCY OFFICIAL ONLY! ***

IF BENEFITS WERE RECEIVED OR SERVICES WERE RENDERED, PLEASE PROVIDE THE DATES	DATES OF BENEFIT OR SERVICE
Employee is a member of a family that received Temporary Assistance to Needy Families (TANF).	
Employee is a member of a family that stopped being eligible for AFDC / TANF because their benefits expired under Federal or State law after August 5, 1997.	
Employee is a member of a family that received Food Stamps (SNAP).	
Employee has received Food Stamps (SNAP), but is no longer eligible to receive them.	
Employee has received Supplemental Security Income (SSI).	
Employee received Vocational Rehabilitation Services approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.	
Employee was convicted of a felony, placed on probation OR released from prison for a felony. Conviction Date:	

AUTHORIZED AGENT SIGNATURE:	DATE:
AGENCY STAMP	

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