



Homeless Hiring Tax Credit Certificate

This form is completed by the continuum of care or a community-based service provider to certify that the eligible individual is experiencing homelessness as defined under California Revenue and Taxation Code (R&TC) Sections 17053.80 and 23629. Only organizations that are connected to the local coordinated entry systems or to a local homeless management information system may certify an eligible individual.

Eligible Individual

Name _____

Certifying Organization Information

Continuum of Care: _____ Identification number: _____

Community-based service provider project number: _____

Name of certifying organization	
Address	
City	
State	ZIP code

Certification and Signature Authorization

I certify that the eligible individual is (must check at least one):

Homeless on the date of hire or anytime during the 180-day period immediately before the date of hire (R&TC Sections 17053.80 and 23629).

Employer name	Date of hire
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Receiving supportive services from a homelessness services provider as designated by a local continuum of care or a community-based service provider that is connected to the local coordinated entry system or to a local Homeless Management Information System.

Signature Authorization

I hereby certify under penalty of perjury under the laws of California, that all information supplied on this form including any attachment is true, correct, and complete to the best of my knowledge and ability.

Print name	Date of certification
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Signature _____
X

Additional Information

For more information about this credit, go to **ftb.ca.gov** and search for **homeless hiring tax credit**.

Employers, do not file this document with your tax return. Keep this document for your records as a copy must be provided to the Franchise Tax Board upon request.