



Empowerment Zone (EZ) Program
BUSINESS VERIFICATION FORM

City of El Paso - Community and Human Development Department

Name of Program Participant: _____
(Business Legal Name with "dba", if applicable)

Name(s) of Business Owner(s) _____

Business Address: _____

City _____ Zip Code _____

Business Phone: _____

To this form, please attach a copy of acceptable documentation that verifies business location in the Empowerment Zone. Acceptable documentation is an assumed name record, utility bill, lease, IRS document or bank statement listing business name and address.

*** ALSO, attach printout from HUD Address Locator confirming EZ Address.**

(must be able to select one of the following eligibility points to be an EZ eligible business)

If a retailer, please indicate type of business activity: _____

If not a retailer, business must document a minimum of 35% EZ employees or minimum 51% direct beneficiaries.

35% of jobs are taken by, or made available to, EZ residents.

1. A job satisfies this 35 percent requirement if the EZ resident is employed by the employer for at least 90 days during the year.

*** Attach employee roster with address listed and HUD Address Locator printouts.**

*** Note:** For purposes of this 35 percent requirement, an employer may rely on a certification by the employee that provides to the employer the address of the employee's principal residence; and, requires the employee to notify the employer of a change of the employee's principal residence.

2. Making jobs "available to" EZ residents:

*** Attach narrative that demonstrates the job referral resources and the business have a good faith plan to provide first consideration to employment of EZ residents who reasonably can be expected to fill 35% of jobs.**

*** Note:** Examples of good faith are (a) public notification of employment opportunities, (b) job fairs that are targeted to EZ residents, and (c) first source agreements.

51% direct beneficiaries: Attach written documentation that documents the a majority of (51%) of the direct beneficiaries of the business as EZ residents.

Please note: *** If a business with no EZ storefront, owner must be an Empowerment Zone resident.**

*** If a non-retailer business storefront with no employees, attach a required narrative documenting how the business will create jobs and how it will make the jobs "available" to EZ residents.**

Participant Statement: I hereby certify that I am **a business located in the El Paso Empowerment Zone**, and that the information on the page above is true and correct to the best of my knowledge. I understand that this information is for use in determining my qualification for a program supported in part by federal funds. I understand that this information my be verified at a later date.

Participant Signature: _____

Date: _____

FOR AGENCY USE ONLY

Address within El Paso EZ? (✓) Yes No

Staff Member making verification (name/title)

Business meets Resident Benefit Standard (delineated in 24CFR598.610)? (✓) Yes No

Staff Member making verification (name/title)

Agency: Please notify the Department of Community and Human Development-EZ Program, in case of a change of address for participant.