



**City of Chicago  
 Department of Planning and Development  
 Workforce Solutions  
 50/50 TIFWorks Application  
 On-The-Job Training for New Hire(Chicago Residents)**

*Please type this application.*

*Businesses, located in participating TIF districts and hiring new, full-time Chicago residents, may be eligible to receive up to a 50% match of eligible training costs reimbursed. Both external and on-the-job training may be eligible. Please complete the following application about your proposed training and job candidates. Additional information will be required once training is completed.*

TIF District:

**Company Information**

Company Name:  Address:

Contact Person:  Zip Code:

Telephone:  Email:

Industry Sector:  # of Employees:

% Chicago Residents   
 (current)

Average Wage:   
 (excluding management)

# of New Hires:

Total Training Cost Estimate:

**Please provide a brief company description below:**

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**Job Candidate Information**

For each new hire (Chicago resident) you plan to hire, please fill out the section below.

1) Candidate Name:	<input type="text"/>	Job Title:	<input type="text"/>
Home Address:	<input type="text"/>	Wage:	<input type="text"/>
Training Duration:	<input type="text"/>	Start Date:	<input type="text"/>
2) Candidate Name:	<input type="text"/>	Job Title:	<input type="text"/>
Home Address:	<input type="text"/>	Wage:	<input type="text"/>
Training Duration:	<input type="text"/>	Start Date:	<input type="text"/>
3) Candidate Name:	<input type="text"/>	Job Title:	<input type="text"/>
Home Address:	<input type="text"/>	Wage:	<input type="text"/>
Training Duration:	<input type="text"/>	Start Date:	<input type="text"/>

**Attachments**

**Job Descriptions**

For each candidate, for whom you are applying, please attach a job description that includes skills and experience required for the position.

**Curriculum or Training Description Outline**

For each position, please attach a description or outline of the on-the-job training. Please include information about the trainer, training activities and how the training will be conducted. Also, if there are opportunities for scheduled wage increases after training, please include this information.

Please note, in order to be eligible for reimbursement the following documents must be submitted:

**Submit with Application**

- Job Description for each Candidate
- Detailed Training Curriculum or Description for each Training
- Proof of Chicago Residency (State ID/Driver's License)
- A Copy of the Business License
- Principal Profile & Child Support Affidavit

**Submit with Voucher**

- Official Payroll Records (for training participants)

**City of Chicago**  
Department of Planning and Development  
**Principal Profile**

The following information must be provided for each individual that holds a direct or indirect ownership interest of more than 7.5 percent in the applicant entity. In the case of a nonprofit organization, all members of the Board of Directors, Officers and executive staff must submit a Profile. The information will be provided to the City for the purpose of determining whether the listed persons have any outstanding water bills, traffic, child support payments or other city obligations. All outstanding obligations must be satisfied before the Department of Planning & Development will proceed with this application.

Name:	
Home Address:	
Date of Birth:	
Social Security Number:	
Driver's License Number:	
License Plate Number:	

STATE OF ILLINOIS )  
COUNTY OF COOK )

**AFFIDAVIT OF CHILD SUPPORT COMPLIANCE**

I, \_\_\_\_\_, being duly sworn on oath, state that the following statements are true and correct to the best of my knowledge and belief:

1. My full legal name is: \_\_\_\_\_
2. My home address is: \_\_\_\_\_
3. My home phone number is: \_\_\_\_\_; my work phone number is \_\_\_\_\_
4. My driver's license number is: \_\_\_\_\_
5. My social security number is: \_\_\_\_\_, My date of birth is: \_\_\_\_\_
6. If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is: \_\_\_\_\_
7. I agree to comply in the future with any court order to pay child support.
8. I agree to comply with any present, or future, order to withhold child support payments from an employee's salary, if I or my company are named as a payor for withholding child support.
9. I agree to enroll children in a health insurance plan, if I or my company are now, or in the future, named as a payor for enrolling a child in a health insurance plan.
10. I agree to have the information provided in this affidavit audited by the Department of Consumer Services for the purposes of assuring that any child support obligation I may have now or in the future is met.
11. I understand that I may be prosecuted by the Department of Consumer Services if any of the above statements are found to be false, either wholly or partially.
12. I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City.
13. I understand that all city employees must comply with all court-ordered child support obligations as a condition of city employment. Noncompliance shall be grounds for disciplinary action.

**Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, Notary Public