**2019 EB-5 TEA Official Request Form**

**Required by the Washington State Employment Security Department**

To request an “Area of High Unemployment” designation letter for the USCIS EB-5 Immigrant Investor program, complete and return this form to rhaglund@esd.wa.gov for area analysis and verification. Requests not using this request form or our current published data sets will not be considered.

Complete all the requested items in this form and return it as a Microsoft Word document. For all Regional Center applicants, include a copy of your most recent USCIS Regional Center Designation Letter. Incomplete forms will be returned. These requirements have changed – please see Policy Alert on this website.

Our processing time is approximately one week after receipt of a completed request form.

Date of request:

 Month/Day/Year

**Project site address:**

Proposed project site name:

Industry type:

Street address:

City: State: Washington ZIP code:

Resides in county:

Resides in census tract/block group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (example 53xxxxxxxxxxx/\_\_)

Use the address search tool from the U.S. Census Bureau American FactFinder to find the census tract, block group or place: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t>

**Brief description of request** (include area selection listing entire 11-digit Census Tract Id #s)**:**

The project:

**Data set used** (add block group numbers if used)**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GeoID/block group** | **Tract (and block group, if used)** | **Labor force** | **Employed** | **Unemployed** | **Percent unemployed** |
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| Add rows as needed |  |  |  |  |  |

What is the overall unemployment rate for your selection area?
(Must be at least 5.85 percent)

**Requestor** (representing or working on behalf of EB-5 petitioner)**:**

Name:

Title:

Company name:

Street address:

City: State: ZIP code:

Phone:

Cell:

Fax:

Email:

Website:

**EB-5 Petitioner** (designation letter addressed to)**:**

Name (Mr. or Ms. – please indicate):

Title:

Company name:

Street address:

City: State: ZIP code:

Phone:

Cell:

Fax:

Email:

Website: