

WIOA Title I Adult & DW Self-Attestation Form

Applicant Information:

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:

Individuals entering WIOA services may self-attest to the information below:

- Are you low-income? (please explain below)
1. Note: LWDBs make local determinations regarding income verification and what is included or excluded as income (Policy 1019 Sec. 3.d - Local Responsibilities). Yes No
- Explanation:
- 2.** Are you legally entitled to employment within the U.S. and territories? (Adult and DW) Yes No
- 3.** Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2) Yes No
- 4.** Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5) Yes No
- 5.** Were you unable to continue employment due to your spouse's permanent change of military station, or did you lose employment as a result of your spouse's discharge from the military? (DW Category 6) Yes No
- 6.** Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3) Yes No
- 7.** Are you a displaced homemaker? (DW Category 4)
 Note: A displaced homemaker is an individual who was dependent on the income of another family member and is no longer supported by the income of another family member. Yes No

	Dislocation Information	Current Employment Information
Date	Separation Date (if known):	Start Date:
Job Title		
Business Name		
Address		
City, State, Zip		

Self-Attestation Statement:

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law. Check if collected by staff over the telephone, email, text and verified verbally the information is true, correct and documented in case notes. _____ staff initials

SIGNATURE OF PARTICIPANT	DATE
X	

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form.

SIGNATURE OF STAFF	DATE
X	