

WIOA Title I Youth 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? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you dropped out of school? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Are you homeless or did you run away from home? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Are you pregnant or currently parenting a child? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Are you an offender? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Locally established criteria for "Requires Additional Assistance" may allow for self-attestation (includes individuals with disabilities). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Are you one or more grade levels below the appropriate grade level for your age?
(Only applies to the 5% not meeting the low income criteria) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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