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| WIOA Title I Adult Self-Attestation & Applicant Statement Form | | | | | | | | | |
| **Applicant Information:** | | | | | | | | | |
| **Last Name:** | **First Name:** | | | | | **Middle Initial:** | | | |
|  |  | | | | |  | | | |
| **Address:** | **City:** | | | **State:** | | **Zip:** | | | |
|  |  | | |  | |  | | | |
| **Individuals applying for WIOA Adult services may self-attest to the information below:** | | | | | | | | | |
| Are you legally entitled to employment within the U.S. and territories? | | | | | Yes | |  | No |  |
| **Individuals applying for WIOA Adult services may provide a statement explaining their family size and income over the previous 6 months for use in determining their status as low-income.** | | | | | | | | | |
| Are you low-income? (please explain below)  Note: WorkSource Spokane makes determinations regarding income verification and what is included or excluded as income (see SWC Policy WS816 R1, Attachment A – Services and Program Eligibility Handbook). | | | | | Yes | |  | No |  |
| Applicant Statement: | | | | | | | | | |
| **Applicant Certification:** | | | | | | | | | |
| *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.* | | | | | | | | | |
| **SIGNATURE OF APPLICANT**  **X** | | **DATE** | | | | | | | |
| **Staff Verification Statement:** | | | | | | | | | |
| *I certify that the individual whose signature appears above provided the information recorded on this form.* | | | | | | | | | |
| **SIGNATURE OF STAFF**  **X** | | | **DATE** | | | | | | |

The WorkSource System is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.