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| **WIOA Title I Youth Self-Attestation & Applicant Statement Form** |
| **Applicant Information:** |
| **Last Name:** | **First Name:** | **Middle Initial:** |
|       |       |       |
| **Address:**  | **City:** | **State:** | **Zip:** |
|       |       |    |       |
| **Individuals applying for WIOA 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: The SAWDC makes local determinations regarding income verification and what is included or excluded as income (see SAWDC Policy W401 Rev 3, Attachment A – Eligibility Policy Handbook). | Yes | [ ]  | No | [ ]  |
| Applicant Statement:       |
| **Individuals applying for WIOA services may self-attest to the information below:** |
|  | Have you dropped out of school? | Yes | [ ]  | No | [ ]  |
|  | Are you homeless or did you run away from home? | Yes | [ ]  | No | [ ]  |
|  | Are you pregnant or currently parenting a child? | Yes | [ ]  | No | [ ]  |
|  | Are you an offender? | Yes | [ ]  | No | [ ]  |
|  | Are you an individual with a disability? | Yes | [ ]  | No | [ ]  |
|  | Do you require addititonal assistance due to a reason not listed above?(Locally established criteria for “Requires Additional Assistance” may allow for self-attestation, see SAWDC Policy W401 Rev 3, Attachment A – Eligibility Policy Handbook).Explanation:       | Yes | [ ]  | No | [ ]  |
| **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** |

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