**Spokane Area Workforce Development Council**

(NOTE: Only required if other documents are not available.)

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| **WIA Title 1-B Adult & Dislocated Worker Self-Attestation Form** |
| **Applicant Information:** |
| **Last Name:** | **First Name:** | **Middle Initial:** |
|       |       |       |
| **Address:**  | **City:** | **State:** | **Zip:** |
|       |       |    |       |
| **Individuals entering WIA services may self-attest to the information below:** |
|  | Are you low-income? (please explain below) | Yes | [ ]  | No | [ ]  |
|  | Are you self-attesting to (1) unlikely to return to your previous industry, (2) eligible or exhausted UI, or (3) or attachment to the workforce? If so, please explain below.  | Yes [ ]  No [ ]  |
| Explanation:       |
|  | Have you been terminated, laid off or received a notice of termination or layoff? | Yes | [ ]  | No | [ ]  |
|  | 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?  | Yes | [ ]  | No | [ ]  |
|  | 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?  | Yes | [ ]  | No | [ ]  |
| 1. **3**
 | Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside?  | Yes | [ ]  | No | [ ]  |
| 1. **4**
 | Are you a displaced homemaker?  | Yes | [ ]  | No | [ ]  |
|  | **Dislocation Information** | **Current Employment Information** |
| **Date** | Separation Date:       | 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 WIA program and/or penalties as specified by law. |
| **SIGNATURE OF PARTICIPANT****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** |