**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** | | | | | | |