

**Applicant Self-Certification or Collateral Statement**

Use this form for either an applicant self-certification or for a collateral statement. Prior approval from the WDC is required. The form may not be used to document age, citizenship or Selective Service requirements for eligibility. Include an explanation of the reason why other forms of documentation are not available (as listed on the Eligibility Criteria & Documentation form.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CORROBORATING WITNESS SIGNATURE

\_\_\_\_\_  
WITNESS' RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

**OFFICE USE ONLY**

The above applicant statement is being utilized for documentation of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE AND DATE OF PROGRAM OPERATOR STAFF