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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** | | | | | | |

In partnership with the Spokane Area Workforce Development Council, WorkSource is an equal opportunity partnership of organizations that provide employment and training services. Auxiliary aids and services are available upon request to persons with disabilities. Washington Relay Service 711