**Spokane Area Workforce Development Council**

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

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| **WIA Title 1-B Youth 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 | [ ]  |
|  Explanation:       |
|  | 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 one or more grade levels below the appropriate grade level for your age? | Yes | [ ]  | No | [ ]  |
|  | Locally established criteria for “Requires Additional Assistance” may allow for self-attestation, includes individuals with disabilities (please explain below) | Yes | [ ]  | No | [ ]  |
|  | Explanation:       |  |  |  |  |
| **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** |