### WIOA Title I Adult Self-Attestation & Applicant Statement Form

<table>
<thead>
<tr>
<th>Applicant Information:</th>
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<tbody>
<tr>
<td><strong>Last Name:</strong></td>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td><strong>City:</strong></td>
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**Individually applying for WIOA Adult services may self-attest to the information below:**

- **Are you legally entitled to employment within the U.S. and territories?**  
  - Yes [ ]  
  - No [ ]

**Individually applying for WIOA Adult 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)**  
  - Yes [ ]  
  - No [ ]

**Note:** WorkSource Spokane makes determinations regarding income verification and what is included or excluded as income (see SWC Policy WS816 R1, Attachment A – Services and Program Eligibility Handbook).

**Applicant Statement:**

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**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**

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**Staff Verification Statement:**

I certify that the individual whose signature appears above provided the information recorded on this form.

**SIGNATURE OF STAFF**

X

**DATE**

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The Spokane WorkSource System is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.