

WIOA Title I Adult Self-Attestation & Applicant Statement Form

Applicant Information:

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:

Individuals 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

Individuals 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)
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). Yes No

Applicant Statement:

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

DATE

X

Staff Verification Statement:

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

SIGNATURE OF STAFF

DATE

X

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