

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

## Applicant Information:

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**Individuals applying for WIOA Youth 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.**

1. Are you low-income? (please explain below)  
*Note: The Next Generation Zone 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:

## Individuals applying for WIOA Youth services may self-attest to the information below:

2. Are you legally entitled to employment within the U.S. and territories?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Have you dropped out of school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Are you homeless or did you run away from home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Are you pregnant or currently parenting a child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Are you an individual who has been subject to the juvenile or adult justice system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Are you an individual with a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Are you one or more grade levels below the appropriate grade level for your age (only applies to those not meeting the low-income criteria)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Do you require additional assistance due to a reason not listed above? <i>Note: Locally established criteria for "Requires Additional Assistance" may allow for self-attestation (see SWC Policy WS816 R1, Attachment A – Services and Program Eligibility Handbook).</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Explanation:

## 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.