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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WIOA Title I Adult Self-Attestation 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:** | | | | | | | | | | |
|  | I am a family size of    and have received an includable income in the last 6 months totaling approximately  $  Note: family size includes yourself and if applicable, your spouse and legal dependents. Includable and excludable income is identified in attachment B of SWC Policy WS816, R3. | | | | | | | | | |
|  | Are you legally entitled to employment within the U.S. and its territories? | | | | | Yes | |  | No |  |
|  | Are you an English language learner? | | | | | Yes | |  | No |  |
|  | Are you currently enrolled in or attending school? | | | | | Yes | |  | No |  |
|  | Have you dropped out of high-school? | | | | | Yes | |  | No |  |
|  | Are you homeless or did you run away from home? | | | | | Yes | |  | No |  |
|  | Are you an individual who has been subject to the juvenile or adult justice system? | | | | | Yes | |  | No |  |
|  | Are you an individual with a disability? | | | | | 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** | | | | | | |

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