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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.