

WIOA Title I Adult Self-Attestation Form

Applicant Information:

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

Individuals entering WIOA services may self-attest to the information below:

Are you low-income? (please explain below)

Explanation:

- | | |
|---|--|
| 1. Are you legally entitled to employment within the U.S. and territories? (Adult and DW) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Are you a military service member who was discharged or released from service (under conditions <u>other than dishonorable</u>) or has received a notice of military separation? (DW Category 5) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Were you unable to continue employment due to your spouse's permanent change of military station, or did you lose employment as a result of your spouse's discharge from the military? (DW Category 6) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Note: A displaced homemaker is an individual who was dependent on the income of another family member and is no longer supported by the income of another family member. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

	Dislocation Information	Current Employment Information
Date	Separation Date (if known):	Start Date:
Job Title		
Business Name		
Address		
City, State, Zip		

Self-Attestation Statement:

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 PARTICIPANT

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