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| **Adult & DW 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:** |
|  | Date of birth? (Adult and DW) Month:       Day:       Year:       |  |  |  |  |
|  | Are you low-income? (please explain below)Note: To determine low-income use Income Chart in Policy #3018 to determine income eligibility and use the definition of low-income individual at the beginning of the Eligibility Handbook and the excludable and includable income in Sec. 8 of the Eligibility Handbook. | Yes |[ ]  No |[ ]
| Explanation:       |
|  | Are you legally entitled to employment within the U.S. and territories? (Adult and DW) | Yes |[ ]  No |[ ]
|  | Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2) | Yes |[ ]  No |[ ]
|  | Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5) | Yes |[ ]  No |[ ]
|  | 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 |[ ]  No |[ ]
| 1. **3**
 | 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 |[ ]  No |[ ]
| 1. **4**
 | Are you a displaced homemaker? (DW Category 4)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 |[ ]  No |[ ]
|  | **Dislocation Information** | **Current Employment Information** |
| **Date** | Separation Date (if known mm/dd/yyyy):       | Start Date mm/dd/yyyy:       |
| **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****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** |