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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** | | | | | | |