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| **Youth Self-Attestation Form** | | | | | | | | |
| **Applicant Information:** | | | | | | | | |
| **Last Name:** | | **First Name:** | | **Midde Initial:** | | | | |
|  | |  | |  | | | | |
| **Address:** | | **City:** | **State:** | | | **Zip:** | | |
|  | |  |  | | |  | | |
| **Individuals entering WIOA services may self-attest to the information below:** | | | | | | | | |
|  | Date of birth? 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? | | | | Yes |  | No |  |
|  | Have you dropped out of school? | | | | Yes |  | No |  |
|  | Are you homeless or did you run away from home? | | | | Yes |  | No |  |
|  | Are you pregnant or currently parenting a child? | | | | Yes |  | No |  |
|  | Are you an offender? | | | | Yes |  | No |  |
|  | Do you require additional assistance? See WSW criteria in Section 2.1 of Eligibility Handbook. | | | | Yes |  | No |  |
|  | Are you one or more grade levels below the appropriate grade level for your age? (Only applies to the 5% not meeting the low income criteria) | | | | Yes |  | No |  |
| **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** | | | | |