Adult and Dislocated Worker Self-Attestation Form
Workforce Innovation and Opportunity Act (WIOA) – Title I Programs

**Applicant Information**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Initial:</th>
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<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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**Individuals entering WIOA services may self-attest to the information below:**

1. Are you low-income? If yes, please explain below. *(Staff – see footnote)*
   - Yes [ ] No [ ]
   - Explanation:

2. Are you legally entitled to employment within the U.S. and territories? *(Adult and DW)*
   - Yes [ ] No [ ]

3. Have you been terminated, laid off, or received a notice of termination or layoff? *(DW Categories 1 and 2)*
   - Yes [ ] No [ ]

4. 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 [ ]

5. 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 [ ]

6. 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 [ ]

7. Are you a displaced homemaker? *(DW Category 4)*
   - Yes [ ] No [ ]

**Dislocated Workers**

<table>
<thead>
<tr>
<th>Dislocation Information</th>
<th>Current Employment Information</th>
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<tbody>
<tr>
<td>Date of:</td>
<td>Employment Start ___ / ___ / ___</td>
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<tr>
<td>Job Title:</td>
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<tr>
<td>Business Name:</td>
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<td>Address:</td>
<td></td>
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<tr>
<td>City/State/Zip:</td>
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**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

Staff Note: To determine low-income, use WIOA Income Guidelines to determine income eligibility, and see the Eligibility and Documentation Policy Handbook definition of low-income individual and Section 8 for excludable and includable income.

Download this form on the Workforce Development Council of Seattle-King County (WDC) website: www.seakingwdc.org

WorkSource Seattle-King County is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

WDC-3002-EDP, Version 1, Released 1/25/2018