# Youth Self-Attestation Form

**Workforce Innovation and Opportunity Act (WIOA) – Title I Programs**

## Applicant Information

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Initial:</th>
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<th>Address:</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?
   - Yes ☐ No ☐

3. Have you dropped out of school?
   - Yes ☐ No ☐

4. Are you homeless or did you run away from home?
   - Yes ☐ No ☐

5. Are you pregnant or currently parenting a child?
   - Yes ☐ No ☐

6. Are you an offender (justice system involved)?
   - Yes ☐ No ☐

7. Do you require additional assistance (includes individuals with disabilities)?
   - Yes ☐ No ☐

8. 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:**

**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](https://www.doleta.gov/484/monitoring/monitoring_income_guidelines.cfm) 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.