



Youth Self-Attestation Form

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

Applicant Information			
Last Name:	First Name:		Initial:
Address:	City:	State:	Zip:
Individuals entering WIOA services may self-attest to the information below:			
1. Are you low-income? If yes, please explain below. (Staff – see footnote) Ye		□ No □	
Explanation:			
2. Are you legally entitled to employment within the U.S. and territories?			□ No □
3. Have you dropped out of school?			□ No □
4. Are you homeless or did you run away from home?			□ No □
5. Are you pregnant or currently parenting a child?			□ No □
6. Are you an offender (justice system involved)?			□ No □
7. Do you require additional assistance (includes individuals with disabilities)? Ye			□ 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.)			□ 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 <u>WIOA Income Guidelines</u> 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.