

WIOA SELF-ATTESTATION FORM

IDENTIFYING INFORMATION

Applicant's Name: _____
Last First MI

Participant ID: _____ Application Date: _____

I hereby certify under penalty of law, that the following information is true:

I attest that the information stated above is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties specified by law.

Applicant's Signature (required) Date (required) Applicant's Phone Number

Applicant's Address

Signature Of Parent Or Guardian (as needed)

This Self-Attestation is being utilized for verification of the following data elements or eligibility criteria:

CERTIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

Staff's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

December 13, 2023