

WIOA Title I Youth Self-Attestation Form

Applicant Information:

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:

Individuals entering WIOA services may self-attest to the information below:

1. Are you a member of a low-income household?

Yes, one or more of the following applies to me (check all that apply)

	Family Size	Household Income for the last 6 months (all income, including Wages, Child Support, Unemployment, Old Age Survivor's Insurance, and Social Security Disability Insurance)	
<input type="checkbox"/>	1	\$6,795 or less	<input type="checkbox"/> No, I am not a member of a low-income household
<input type="checkbox"/>	2	\$11,055 or less	
<input type="checkbox"/>	3	\$15,178 or less	
<input type="checkbox"/>	4	\$18,735 or less	
<input type="checkbox"/>	5	\$22,110 or less	
<input type="checkbox"/>	6	\$25,856 or less	
<input type="checkbox"/>	7	\$29,603 or less	
<input type="checkbox"/>	8	\$33,349 or less	
<input type="checkbox"/>	Receiving Food Stamps, TANF or SSI (or have received in the last 6 months)		
<input type="checkbox"/>	Foster child or have aged out of foster care		
<input type="checkbox"/>	Receiving free or reduced price lunches		

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? Yes No

7. Are you an individual requiring additional assistance to enter into, or remain in, education, training, or employment? 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