

SkillSource Self-Attestation Form (Adult & DW)

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 low-income?

<input type="checkbox"/> Yes, one or more of the following applies to me (check all that apply)			<input type="checkbox"/> No, none of these applies to me
	Family Size	Income for the last 6 months	
<input type="checkbox"/>	1	\$7,290 or less	
<input type="checkbox"/>	2	\$11,564 or less	
<input type="checkbox"/>	3	\$15,876 or less	
<input type="checkbox"/>	4	\$19,597 or less	
<input type="checkbox"/>	5	\$23,127 or less	
<input type="checkbox"/>	6	\$27,046 or less	
<input type="checkbox"/>	7	\$30,964 or less	
<input type="checkbox"/>	8	\$34,883 or less	
<input type="checkbox"/>	Receiving Food Stamps, TANF or SSI (or have received in the last 6 months)		
<input type="checkbox"/>	Homeless		

2. Are you legally entitled to employment within the U.S. and territories? (Adult and DW)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Are you a military service member who was discharged or released from service (under conditions <u>other than dishonorable</u>) or has received a notice of military separation? (DW Category 5)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
7. <i>Note: A displaced homemaker is an individual who was dependent on the income of another family member and is no longer supported by the income of another family member.</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Self-Attestation Statement: *to be completed by applicant if needed/as needed*

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	