

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?

<input type="checkbox"/> 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	\$6,380 or less
<input type="checkbox"/>	2	\$10,363 or less
<input type="checkbox"/>	3	\$14,227 or less
<input type="checkbox"/>	4	\$17,562 or less
<input type="checkbox"/>	5	\$20,725 or less
<input type="checkbox"/>	6	\$24,237 or less
<input type="checkbox"/>	7	\$27,748 or less
<input type="checkbox"/>	8	\$31,260 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	
		<input type="checkbox"/> No, I am not a member of a low-income household

2. Are you legally entitled to employment within the U.S. and territories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you dropped out of school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you homeless or did you run away from home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you pregnant or currently parenting a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you an offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are you an individual requiring additional assistance to enter into, or remain in, education, training, or employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

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