

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 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"/>	Homeless		

2. Are you legally entitled to employment within the U.S. and territories? (Adult and DW) Yes No

3. Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2) Yes No

4. Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5) Yes No

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 No

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 No

7. Are you a displaced homemaker? (DW Category 4)
 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. 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