

**LOCAL WORKFORCE**

**INNOVATION AREA #26**

Self-Attestation Form

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Last Name | Applicant First Name | | MI |
| Social Security Number (last four digits) | | Date | |
| This form is being utilized for documentation of the following eligibility criteria: | | | |

I hereby certify that the following information:

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 from the WIOA program.

|  |  |  |
| --- | --- | --- |
| Applicant Signature  X | | Date |
| Applicant Address | Applicant Telephone Number | |
| Signature of Parent or Guardian (if applicable)  X | | |

|  |  |
| --- | --- |
| Agency Staff Name (Print) | |
| Agency Staff Signature  X | Date |

Revised 6/28/2021