

**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	

Career Planner Name (Print)	
Career Planner Signature X	Date