

**LOCAL WORKFORCE**

**INNOVATION AREA #26**

 Self-Attestation Form

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| 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.

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

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| Agency Staff Name (Print) |
| Agency Staff SignatureX | Date |

Revised 6/28/2021