



CHICAGO COOK  
WORKFORCE PARTNERSHIP

A proud partner of the AmericanJobCenter<sup>®</sup> network

## 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	Date
Applicant Address	Applicant Telephone Number
Signature of Parent or Guardian (if applicable)	

Agency Staff Name (Print)	
Agency Staff Signature	Date