**Self-Attestation Form**

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| Applicant Last NameClick or tap here to enter text. | Applicant First NameClick or tap here to enter text. | MIClick or tap here to enter text. |
| Career Connect State ID #Click or tap here to enter text. | DateClick or tap to enter a date. |
| This form is being utilized for documentation of the following eligibility criteria:   |

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| 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 Signature  | Date |
| Applicant AddressClick or tap here to enter text. | Applicant Telephone NumberClick or tap here to enter text. |
| Signature of Parent or Guardian (if applicable) |

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| Agency Staff Name (Print)Click or tap here to enter text. |
| Agency Staff Signature | Date |