**Self-Attestation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Last Name  Click or tap here to enter text. | Applicant First Name  Click or tap here to enter text. | | MI  Click or tap here to enter text. |
| Career Connect State ID #  Click or tap here to enter text. | | Date  Click or tap to enter a 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  Click or tap here to enter text. | Applicant Telephone Number  Click or tap here to enter text. | |
| Signature of Parent or Guardian (if applicable) | | |

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