

You can download this Youth Self-Attestation form [here](#).

WIOA Title I Youth Self-Attestation Form

Applicant Information:

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:

Individuals entering WIOA services may self-attest to the information below:

Are you low-income? (please explain below)			
1. Note: LWDBs make local determinations regarding income verification and what is included or excluded as income (WorkSource System Policy 1019 - Section 3.d - Local Responsibilities).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Explanation:			
2. Are you legally entitled to employment within the U.S. and territories?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you dropped out of school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you homeless or did you run away from home?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you pregnant or currently parenting a child?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you an offender?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Locally established criteria for "Requires Additional Assistance" may allow for self-attestation (includes individuals with disabilities).		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are you one or more grade levels below the appropriate grade level for your age? (Only applies to the 5% not meeting the low income criteria)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Self-Attestation Statement:

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIA program and/or penalties as specified by law.

SIGNATURE OF PARTICIPANT	DATE
X	

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form.

SIGNATURE OF STAFF	DATE
X	