



Self-Attestation

Name (First, Middle, Last):

Last 4 SSN

State ID #

This form is intended for applicants entering Workforce Innovation and Opportunity Act (WIOA) services to self-attest to the eligibility criteria below.

Please check all boxes that apply:

☐ Employer has announced business is closing

☐ Received notice of termination or layoff

☐ Was receiving, but no longer eligible, for unemployment insurance

☐ Name discrepancy

☐ Was self-employed (including farmer, rancher or fisherman), but no longer employed

☐ Income

☐ Terminated or laid off

☐ Other:

In the space below, provide additional information regarding the boxes selected above and an explanation of why documentation cannot be reasonably obtained. Include employer name, dates of employment, reason for layoff, if known, and/or any other pertinent information as applicable.

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE.

Applicant Signature

Date

Office Use Only

The above applicant statement is being utilized for documentation of the following eligibility criteria:

Staff Signature

Staff Name

Date