



Applicant Attestation



Name (First, Middle, Last)

Last 4 SSN

Youth Provider

Youth – Complete this section for customers entering Workforce Innovation and Opportunity Act (WIOA) services and self-attesting to the approved elements found below. **This form is used as a last resort when requested documentation is not available and must be case noted.**

Please check all boxes that apply to you:

- Homeless Statement Youth Needing Assistance Statement
- Foster Care Statement High School Dropout Statement
- Substance Abuse Statement Income Statement

In space below, provide explanation why documentation cannot be reasonably obtained for each box checked above.

I attest the information stated above is true and accurate and understand the above information, if misrepresented or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature

Date

If Applicant is under 18 years of age:

Parent/Guardian Signature

Date

Parent/Guardian Name

For office use only

In the space below, provide an explanation for why eligibility documentation could not be obtained. Every effort must be made to obtain the necessary documentation.

Parent/Guardian Signature

Date

Parent/Guardian Name