



APPLICANT ATTESTATION

290 North D Street, Suite 600
San Bernardino, CA 92415
(909) 387-9859

Applicant Name: _____ 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

Applicant's Printed Name

Date

If Applicant is under 18 years of age:

Parent or Guardian Signature

Parent or Guardian Printed Name

Date

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.

Certifying Official Signature

Certifying Official's Printed Name

Date