

Workforce Innovation and Opportunity Act
Self-Certification Form

IDENTIFYING INFORMATION

Applicant's Name: _____
Last First MI

Address: _____

Social Security Number: _____ Application Date: _____

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE FOLLOWING INFORMATION IS TRUE.

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISINTERPRETED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANT'S SIGNATURE and DATE

APPLICANT'S PHONE NUMBER

APPLICANT'S ADDRESS

SIGNATURE OF PARENT OR GUARDIAN (as needed)

The above Self-Certification is being utilized for verification of the following eligibility criteria:

CERTIFICATION

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

Staff Signature and Date: _____