

*Attachment A*

**Workforce Innovation and Opportunity Act Self-Certification**

**Applicant Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby certify, under penalty of perjury, that the following information is true:

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

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Signature of Parent or Guardian (as needed):** \_\_\_\_\_

**THIS SECTION FOR ELIGIBILITY INTAKE STAFF USE ONLY**

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

**Funding Source:** \_\_\_\_\_

**Eligibility Intake Staff Person Name:** \_\_\_\_\_