

WIOA Title I Dislocated Worker Self-Attestation Form			
Applicant Information:			
Last Name:	First Name:		Middle Initial:
Address:	City:	State:	Zip:
Individuals entering WIOA services may self-attest to the information below:			
1.	Are you low-income? (Please explain below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Low-Income Explanation:			
2.	Are you legally entitled to employment within the U.S. and territories?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been terminated laid off, or received a notice of termination or layoff? (DW Categories 1 and 2).		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation (DW Category 5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Were you unable to continue employment due to your spouse's permanent change of military station, or did you lose employment as a result of your spouse's discharge from the military? (DW Category 6)		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3)		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you a displaced homemaker? (DW Category 4) NOTE: A displaced homemaker is an individual who was dependent on the income of another family member and is no longer supported by the income of another family member.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dislocation Information	Current Employment Information	
Separation Date			
Job Title			
Business Name			
City, State Zip			
Self-Attestation Statement:			
I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.			
_____		_____	
SIGNATURE OF PARTICIPANT		DATE	
Staff Verification Statement:			
I certify that the individual whose signature appears above provided the information recorded on this form.			
_____		_____	
SIGNATURE OF STAFF		DATE	

5131ATT WIOA Dislocated Worker Self-Attestation Form