WIOA Title I Youth Self-Attestation Form						
Applicant Information:						
Last Name:	First Name:		Middle Initial:			
Address:	City:	State:	Z	ip:		
Individuals entering WIOA services may self-attest to the information below:						
1 Are you homeless or did you run away from h	ome?	•	Yes		No	
2 Are you pregnant or currently parenting a chil	d?	•	Yes		No	
Are you an offender?  Defined by the WIOA Section 3(38) as an adult or juvenile who is or has been  3 subject to any stage of the criminal justice process, and for (A) whom services  under this Act may be beneficial or (B) who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.						
4 Are you a school dropout?		Υ	'es		No	
5 Are you a low-income individual?		Ye	es		No	
Applicant statement regarding low-income status:						
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 X	D/	ATE				
Witness Corroborating "Runaway" or "Homeless" Status 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 CORROBORATING WITNESS DATE X						
Staff Verification Statement:						
I certify that the individual whose signature appear	rs above provided the informat	tion record	led	on this	form	