CareerSource HEARTLAND

# WIOA SELF-ATTESTATION FORM

| LWDA | SOCIAL SECURITY NUMBER | LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|---|---|
| 19 | | | | |

| ADDRESS | APT. NO. | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | FL | |

| TELEPHONE NUMBER | ALTERNATIVE TELEPHONE NO. | CURRENT GRADE LEVEL/HIGHEST GRADE ATTAINED |
|---|---|---|
| | | |

| APPLICATION DATE | BIRTH DATE | AGE |
|---|---|---|
| | | |

| GENDER | | DRIVER'S LICENSE | | |
|---|---|---|---|---|
| Male | ☐ | Yes | ☐ | Class: |
| Female | ☐ | No | ☐ | E |

| RACE | | | ETHNICITY | |
|---|---|---|---|---|
| Am. Indian/Alaska Native | ☐ | Chinese ☐ | Multi-Racial ☐ | Hispanic or Latino ☐ |
| Asian | ☐ | Haitian ☐ | White ☐ | Not Hispanic or Latino ☐ |
| Black or African American | ☐ | Native Hawaiian/other Pacific Islander ☐ | Other ☐ | Other ☐ |

| CITIZENSHIP | EMPLOYMENT STATUS | DISABILITY |
|---|---|---|
| US Citizen Yes ☐ No ☐ | Employed ☐<br>Unemployed and looking for work ☐ | Yes ☐ No ☐<br>Yes, Substantial ☐ |

| LIST BARRIER(S) – ALL THAT APPLY |
|---|
| |

| INCOME | | |
|---|---|---|
| **Did you earn more than $11.05 per hour at a job in the previous six months?** | **What was your total income in the past six months?** | **What are your current earnings?** |
| Yes ☐ No ☐ | Per Hour? Yearly? | Per Hour |

| NUMBER IN HOUSEHOLD (INCLUDE YOURSELF) |
|---|
| **How many of the individuals living in your home are related by blood, marriage, or decree of court in the relationship of husband, wife, guardian, or dependent child?** ☐ |

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE. I AGREE AND UNDERSTAND ANY WILLFUL MISSTATEMENT OF FACTS MAY CAUSE FORFEITURE OF MY STATUS IN THE WIOA PROGRAM AND COULD BE CAUSE FOR LEGAL ACTION. I UNDERSTAND THE INFORMATION IS SUBJECT TO VERIFICATION AND AGREE TO PROVIDE SUCH DOCUMENTATION AS REQUIRED. I UNDERSTAND MY SOCIAL SECURITY NUMBER MAY BE GIVEN TO OTHER FEDERAL, STATE AND LOCAL GOVERNMENT AND NON-GOVERNMENT AGENCIES.

Signature of Applicant _____ Date _____

Signature of Certifying Staff Person _____ Date _____



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