

WIA Youth Program Self-Attestation

Social Security Number

Name of Applicant

Date (should match intake date)

Self-Attested Eligibility Criteria (i.e. offender, pregnant, etc.)

Due to the inability to provide documentation regarding the above-cited eligibility criteria, I, _____, (Applicant) am providing the information and details below as a self-attestation. **I understand my statement is self-certifying and is to be used as an alternative form of documentation when NO other documentation can be provided. I also acknowledge that falsification of this information shall be grounds for my immediate termination from the program and that I will be subject to other penalties under the law.**

I certify that the above information is true and accurate.

Applicant Signature

Date

I certify that there is no evidence known to contradict this self-attestation and in that sense I corroborate the Applicant's statement.

Witness Signature

Date

Witness relationship to the WIA Applicant: _____