

## APPLICANT'S INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

**Instructions:** Complete each section. If a section is not applicable, check the "Not Applicable" box. Selected sections must have all required details provided.

**This form is invalid unless all applicable section details, signatures and dates are completed.**

### 1. Pseudo

I do not wish to provide my Social Security Number.  Not Applicable

### 2. Disability Status

I have a disability.   Not Applicable

### 3. Veteran Status

I am a Veteran   Not Applicable

### 4. Employment Information

I have never worked before.

**Provide details on current or most recent employment.**

I am currently employed.

Employer \_\_\_\_\_

I am currently unemployed.

Job Title \_\_\_\_\_

Number of weeks unemployed:  
\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Hourly Wage \_\_\_\_\_

### 5. Education Status

I have a high school diploma or equivalent. I received it from the school listed below on this date: \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_

I am a high school dropout. I withdrew from the school listed below.

My last date of attendance was: \_\_\_\_\_ My last grade completed was: \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

### 6. Other School Information

*Note: Adult education is excluded*

I am currently attending the school listed below. My most recent enrollment date is: \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_

I am currently not attending any school.

**7. Homeless or Runaway**

I am currently homeless.

I am a runaway youth.

Not Applicable

**8. Dislocated Worker Status**

I was laid-off or terminated on \_\_\_\_\_

Not Applicable

I am a Dislocated Homemaker.

I am permanently or temporarily laid off as a consequence of a federal declared disaster.

**9. Offender**

I am an offender.

Not Applicable

**10. Pregnant/Parenting**

I am a youth Pregnant/Parenting.

Not Applicable

**11. I am low-income based on:**

Public Assistance (SNAP / TANF)

Free or reduced lunch

Homelessness

Not Applicable

**12. Foster Youth**

I am a Foster Youth.

Not Applicable

**13. Disaster Related Only**

A federal disaster has been declared and the source documentation for the listed criteria cannot be obtained by the applicant for WIOA eligibility.

A. I am attesting that I am, \_\_\_\_\_, as indicated during this WIOA eligibility process, and I will provide valid proof of identity within the time frame as indicated below.

C. My current address is: \_\_\_\_\_

D. I am registered with selective service: Yes  No

E.  I am a citizen  I have the right to work in the U.S.

B. My Social Security Number is: \_\_\_\_\_

F. My family size is: \_\_\_\_\_

**14. Reverification Awareness/Signature**

I am aware that a reverification will be conducted within 6 months of being enrolled and receiving WIOA services to obtain the actual source documentation for WIOA eligibility.

Applicant Reverification Awareness Signature \_\_\_\_\_

**15. Self-Attestation Statement**

I attest that the information provided above 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 receiving WIOA services.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**WIOA ELIGIBILITY VERIFICATION BY TELEPHONE**

**16. Name and/or Number of Dociment** \_\_\_\_\_

Eligibility Item(s) to be Verified: \_\_\_\_\_

Information to be Verified: \_\_\_\_\_

Agency Providing Verification: \_\_\_\_\_

Agent Verifying Eligibility Item: \_\_\_\_\_

Date and Time of Verification: \_\_\_\_\_

Telephone Number of Agency Providing Verification: \_\_\_\_\_

**THIS SECTION IS FOR STAFF USE ONLY**

**17. Staff Verification Statement**

I certify that the information recorded on this form was provided by the individual whose signature appears on the previous page.

Staff Name \_\_\_\_\_ AJC/Youth Provider \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_