

### WIOA TITLE IB APPLICANT STATEMENT

**Applicant Statement** – Write a statement on the back of this page if you cannot provide documentation to verify specific categories (see list on back).

#### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_ Participant ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ALL WIOA TITLE IB PROGRAMS (ADULT, DISLOCATED WORKER, AND YOUTH)**  
– Complete this section for all individuals entering the WIOA Youth, Adult, Or Dislocated Worker Program and self-attesting to the approved element below:

**Homeless Individual/Runaway Youth**  I am a homeless individual/runaway youth

**WIOA YOUTH AND ADULT PROGRAMS** – Complete this section for all individuals entering the WIOA Youth Or Adult Programs and self-attesting to the approved element below:

**Family Size** – Complete this section when determining family size for individuals entering WIOA Adult or Youth programs and self-attesting to family size.

NUMBER IN FAMILY	FAMILY MEMBER NAMES	RELATIONSHIP

**YOUTH** – Complete this section for youth entering the WIOA Youth Program and self-attest to the approved element(s) found below:

**Youth Offender**  I am a youth offender    Incarcerated:  Yes  No    Probation:  Yes  No

#### Youth Needing Assistance

- I am a youth who needs additional assistance to complete an educational program.
- I am a youth who requires assistance to secure and hold employment.

#### Education Status at Participation

- In-School – H.S. or less                       In-School – Alternative H.S.                       In-School – Post-Secondary
- Not attending school – H.S. dropout     Not attending school – H.S. graduate or received a HSE diploma

**Pregnant/Parenting Youth**  I am a pregnant or parenting youth

**Foster Care**  I am in foster care

**DISLOCATED WORKER/DISPLACED HOMEMAKER** – Complete this section for adults entering the WIOA Dislocated Worker Program and self-attest to the approved elements found below.

- Terminated or Laid-Off     Plant closure or Substantial layoff     Was Self-Employed     Displaced Homemaker

Date of Dislocation \_\_\_\_\_

**I certify that the information given 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 I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the WIOA program, and/or prosecution under the law.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I understand my signature grants permission for the youth named above to participate in the WIOA Youth program.**

Parent/Guardian/Responsible Adult/Corroborating Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required If applicant is under age 18)

Case Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Instructions for Completing WIOA Applicant Statement

The WIOA Applicant Statement is acceptable verification when no other form of verification is available for:

- Youth Who Need Additional Assistance
- Education Status at Time of Registration
- Homeless/Runaway Youth
- Pregnant/Parenting Youth
- Foster Care Youth
- Displaced Homemaker
- Date of Dislocation
- Address
- DW who has been employed for a duration sufficient to demonstrate attachment to the workforce but is not eligible for unemployment due to insufficient earnings or having performed services for an employer not covered under state unemployment compensation law.

The WIOA Applicant Statement is acceptable verification in limited cases and may require further documentation for:

- **Offender**- In limited cases, the Applicant Statement is acceptable verification if no other form of verification is available.
- **Family Size** - The Applicant Statement is acceptable verification that an individual lives independently, or in a household with one or more additional individuals.
- **Not Employed/Lack of Income** - The Applicant Statement is acceptable verification when an individual claims to have been employed during the six-month period prior to eligibility. The Applicant Statement must indicate the means of support for the previous six-month period.
- **Individual Status/Self-Supported** - The Applicant Statement is acceptable when an individual claims: (a) he/she lives independently and is not dependent upon the income of another person; or (b) the individual, though living with others, is not dependent upon the income of other residents in the household. In either case, the individual must produce documentation indicating his/her source of support.

**Applicant Statement** – this is a self-certifying document and is to be used as an alternative only when no other documentation can be provided.