

Applicant Statement

Name: _____

Participant ID: _____ (to be entered by staff once available)

I certify that the information I provide in this document, including Attachment(s) _____, is true and accurate to the best of my knowledge and belief. I understand that my statement may be necessary to help establish my eligibility for WIOA Adult, Dislocated Worker, or Youth program services.

I acknowledge that falsified or fraudulent information will result in the rejection of this document, may lead to ineligibility or termination from the WIOA program, prosecution and/or penalties allowed by law.

If necessary, please use the space below (1) to provide additional information related to the status or characteristic you are attesting to in Attachments 1, 2, and/or 3 or (2) to verify another status or characteristic, including being a veteran or eligible spouse; long-term unemployed individual; migrant seasonal farmworker; or a single parent at program entry.

Applicant's Signature: _____ Date: _____

*To be completed if the applicant is **under 18 years old** (recommended):*

I understand that by signing below, I corroborate the information provided in this document and grant the youth applicant my permission to participate in the WIOA Title I Youth program.

Parent/Legal Guardian/Responsible Adult's Name: _____

Signature: _____ Date: _____

(Complete and initial the statements below if they are applicable to you and your application.)

Housing Status

_____ I am an individual who is experiencing homelessness.¹

English-Language Proficiency

_____ I have limited ability in speaking, reading, writing or understanding the English language **and** meet at least one of the following two conditions:

_____ My native language is a language other than English.

_____ I live in a family or community environment where a language other than English is the dominant language.

¹ A homeless individual meets the definition of low-income individual under WIOA section 3(36)(A)(iii).

(Complete and initial the statements below if they are applicable to you and your application.)

School Status

I am (initial one):

_____ Attending elementary, middle, or high school, in person or online (or on school break, including summer vacation, but plan to return to school after the school break).

_____ Attending postsecondary school.

_____ Attending an [alternative school](#) program.

_____ Not attending school, but I have a high school diploma or its equivalent.

_____ Not attending school, and I do not have a high school diploma or its equivalent.

Youth "Eligibility Barriers"

I am (initial any that applies):

_____ Between 14 and 24 years old and (i) providing custodial/non-custodial care for one or more dependents under 18 years old **or** (ii) a pregnant individual.

_____ Currently in foster care or someone who has aged out of foster care.

_____ Someone who has been subject to any stage of the criminal justice process for committing a status offense or delinquent act **or** requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.

_____ Between 14 and 21 years old, attending school and someone who needs additional assistance to complete an educational program or to secure or hold employment.

_____ Between 16 and 24 years old, not attending school, and someone who needs additional assistance to enter or complete an educational program, or to secure and hold employment.*

_____ A youth who is experiencing homelessness.

(*Note: For the purpose of establishing eligibility, an out-of-school youth who needs "additional assistance" must be low-income per [20 CFR 681.210\(c\)\(9\)](#). This Applicant Statement **does not** validate low-income status, but is meant to help verify that a youth needs additional assistance, as defined by the Local Area. Staff must refer to TEGL 23-19, Change 3, for documentation that validates low-income status.)

(Complete and initial the statements below if they are applicable to you and your application.)

Dislocated Worker

I was terminated or laid off (or in receipt of a notice of termination or layoff), and

- I am **eligible for unemployment compensation** or have exhausted entitlement to unemployment compensation; and
- I am unlikely to return to my previous industry or occupation.²

I was terminated or laid off (or in receipt of a notice of termination or layoff), and

- I am not **entitled to unemployment compensation** because of insufficient earnings or because my employment was not covered by Arizona unemployment laws;
- I was/have been employed for _____ (days, weeks, or months);³ and
- I am unlikely to return to my previous industry or occupation.

I was terminated or laid off (or in receipt of a notice of termination or layoff) because of the plant's or facility's **permanent closure or substantial layoff**.

I was employed at a facility where the employer made a **general announcement** of the facility's closure within **180 days**.

I was employed at a facility where the employer has made a **general announcement** of the facility's closure.

I was **self-employed** (including as a farmer, rancher, fisherman, or gig worker) and am unemployed because of general economic conditions in the community where I live or because of natural disasters.

I am a **displaced homemaker**. I have been providing unpaid services to family members in the home, and

- I have been dependent on the income of another family member but is no longer supported by that income; and
- I am unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.

I am a **displaced homemaker**. I have been providing unpaid services to family members in the home, and

- I am the **dependent spouse of a member of the Armed Forces on active duty**; and
- Our family income is significantly reduced because of a deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the service member; and
- I am unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.

I am the **spouse** of a member of the **Armed Forces on active duty**. I have experienced a loss of employment as a direct result of **relocation** to accommodate a permanent change in duty station of my spouse.

I am the **spouse** of a member of the **Armed Forces on active duty**. I am **unemployed or underemployed** and am experiencing difficulty in obtaining or upgrading employment.

Related to my statement(s) above, my last day of employment was on _____ (date of dislocation, if applicable).

² State policy describes when an individual is considered unlikely to return to a previous industry or occupation.

³ On a case-by-case basis, service providers will determine whether an individual has been employed for a duration sufficient to demonstrate attachment to the workforce.

Staff Instructions

- This Applicant Statement or self-attestation may be used to verify information for the purposes of eligibility determination and/or data validation. This Applicant Statement may be used for data validation *if*
 - Self-attestation is an acceptable source documentation for the data element (*i.e., applicant status, characteristic, or information*);
 - The applicant is unable to produce other types of acceptable source documentation for a specific data element; *and*
 - The collection of other types of source documentation would unnecessarily or unreasonably delay enrollment into the program or the provision of services.
- If the conditions above are *met*
 - Applicants may attest to *any* of the data elements or information in this document.
 - This Applicant Statement or any other form of self-attestation is, by itself, sufficient source documentation.
- Refer to pertinent State policy for additional information, including definition of terms (*e.g., responsible adult*).
- Information in this Applicant Statement must be used only for the purposes intended and **protected against unauthorized disclosure**.