The Mississippi Partnership
Self-Attestation Form

First Name	Middle Initial	Last Name

Household Information:

Family Member	Relationship to Applicant	Gross Income (Previous 12 months)

I hereby certify that, under penalty of perjury, that the following information is true:

I certify that the information provided on this document is true and accurate to the best of my knowledge. I understand the information on this document, if misrepresented, may be grounds for immediate termination from the WIOA Program and/or penalties as specified by law.

Applicant Signature **Date**

Parent/Guardian Signature (if required) **Date**

THIS SECTION TO BE COMPLETED BY WIOA STAFF

The above applicant self-attestation is being utilized to document the following eligibility criteria:

WIOA Staff Signature **Date**