

The Mississippi Partnership Self-Attestation Form

First Name	Middle Initial	Last Name
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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:

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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
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Parent/Guardian Signature (if required)	Date
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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