



**Applicant Attestation**  
 GenerationGo!  
 290 North D Street, Suite 600  
 San Bernardino, CA 92415  
 (909) 387-9859

- West Valley AJCC                       East Valley AJCC                       High Desert AJCC
- Youth Provider: \_\_\_\_\_

## WIOA APPLICANT ATTESTATION

**Youth** – Complete this section for customers entering Workforce Innovation and Opportunity Act (WIOA) services and self-attesting to the approved elements found below. **This form is used as a last resort when requested documentation is not available and must be case noted.**

Please check all boxes that apply to you:

- |  |   |
|--|---|
| <input type="checkbox"/> Homeless Statement        | <input type="checkbox"/> Youth Needing Assistance Statement |
| <input type="checkbox"/> Foster Care Statement     | <input type="checkbox"/> High School Dropout Statement      |
| <input type="checkbox"/> Substance Abuse Statement | <input type="checkbox"/> Income Statement                   |

In space below, **provide explanation why documentation cannot be reasonably obtained for each box checked above.**

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I attest the information stated above is true and accurate and understand the above information, if misrepresented or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature	Applicant's Printed Name	Date
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**If Applicant is under 18 years of age:**

Parent or Guardian Signature	Parent or Guardian Printed Name	Date
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**For office use only**

In the space below, provide an explanation for why eligibility documentation could not be obtained. Every effort must be made to obtain the necessary documentation.

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Certifying Official Signature	Certifying Official's Printed Name	Date
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