

Workforce Innovation and Opportunity Act (WIOA) CUSTOMER STATEMENT

 High Desert AJCC

 West Valley AJCC

 East Valley AJCC

Instructions: Please use the space below to provide an explanation of any issues and/or concerns that need to be addressed, clarified, or described in more detail.

- Name differences
 Homeless situation
 Residence issues
 Selective Service
 Family/Housing situation
 Other: _____

Customer Certification: I certify under penalty of perjury the information stated above is true and accurate. I agree that any information I have supplied is subject to verification. I understand the information provided above, if misrepresented or incomplete, may be grounds for termination from the Workforce Innovation and Opportunity Act (WIOA) program.

CUSTOMER'S PRINTED NAME	CUSTOMER'S SIGNATURE	DATE
CUSTOMER'S STREET ADDRESS	CITY	STATE & ZIP CODE

– THIS SECTION TO BE COMPLETED BY AJCC ADVISOR –

The customer statement(s) above is/are being used to clarify the following:

STAFF SIGNATURE (Print/Sign Name)	DATE