

NEXTGEN PROGRAM SELF-ATTESTATION FORM

Applicant Name:	Last 4 SSN:	
DOB:	Gender:	Age:

ONLY complete this form if you are applying for the NextGen Program, and you are unable to provide verification due to circumstances out of your control.

I hereby certify, under penalty of perjury, that the following information is true (Select ALL that apply):

SCHOOL STATUS
<input type="checkbox"/> I DO NOT have a HSD or GED and am not attending secondary school, post-secondary school, or advanced training. <input type="checkbox"/> I DO have my HSD/GED and am not attending secondary school, post-secondary school, or advanced training.
WIOA ELIGIBLE BARRIER
<input type="checkbox"/> I am a high school dropout. <input type="checkbox"/> I have a documented disability. <input type="checkbox"/> I am homeless or currently do not have stable housing. <input type="checkbox"/> I am pregnant or parenting. <input type="checkbox"/> I am an ex-offender or currently involved in the juvenile or adult justice system. <input type="checkbox"/> I am currently in foster care or have aged out of foster care.
EMPLOYMENT STATUS
<input type="checkbox"/> I am unemployed and have had NO income in the last 6 months.

(Initial) I understand that self-attestation should only be used when other acceptable documentation is unattainable.

I am unable to provide verification because (provide details):

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

Applicant Signature: Date: _____

Parent/Guardian Signature: Date: _____
 (Applicant under 18 years of age)