

## NEXTGEN PROGRAM SELF-ATTESTATION FORM

<b>Applicant Name:</b>	<b>Last 4 SSN:</b>	
<b>DOB:</b>	<b>Gender:</b>	<b>Age:</b>

**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):**

<b>SCHOOL STATUS</b>
<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.
<b>WIOA ELIGIBLE BARRIER</b>
<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.
<b>EMPLOYMENT STATUS</b>
<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)