

Fresno Regional Workforce Development Board

Applicant's Statement

Applicant's name: _____ State ID # _____

I declare that,

I certify that the foregoing is true and correct under penalty of perjury. I understand that if any of the above information is determined to be inaccurate or incomplete, I will not be eligible for WIOA programs and/or activities.

Applicant's Signature Date

Corroborative witness OR Parent/Guardian Date
signature (for under 18 youth) /Relation to Applicant

Applicant's Address

Witness address

Phone Number

Phone Number

(Note: All signatures must be in the presence of a Provider of Services staff member)

Completed by Service Provider

Name of Service Provider Staff: _____

Describe what attempts have been made to obtain (and failed) official documents prior to allowing the use of the Applicant's Statement:

The applicant's statement is being used for documentation of the following eligibility criteria:

- 1) _____
- 2) _____
- 3) _____

Signature of certifying Service Provider Staff Date