

**The Mississippi Partnership  
WIOA Self-Attestation Form**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
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I hereby certify, under penalty of perjury, that the following information is true:

*\*Note: Self-Attestation is not an allowable method for documenting low-income eligibility.*

I certify that the information provided on this document is true and accurate to the best of my knowledge. I understand the information on this document, if misrepresented or incomplete, may be grounds for immediate termination from the WIOA Program and/or penalties as specified by law. I agree that if I am able to obtain documentation of items on this form while I am in the WIOA program I will provide a copy to the WIOA Staff.

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**Applicant Signature****Date**

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**Parent/Guardian Signature (if required)****Date**

I certify that the information recorded on this form was provided by the individual(s) whose signatures appear above:

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**WIOA Staff Signature****Date**