

WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) CUSTOMER STATEMENT

I hereby certify that I (Customer's Full Name), _____

Customer's certification: I certify under penalty of perjury that all of the above information is true and complete to the best of my knowledge. I agree that any information that I have supplied is subject to verification. I am aware that misrepresentation or falsification may lead to termination of services and that I may be required to reimburse this program for any funds expended on my behalf.

Customer Signature

Date

Corroborating Witness Signature / Relationship

Date

Attempts were made to gather supporting documents. Customer could not obtain or was unable to provide supporting documents. This form will serve as the Customer's Certification for the following eligibility criteria:

- Has been terminated or laid off, or has received a notice of termination or layoff from employment
- Has been terminated or laid off or has received a notice of termination or layoff from employment as a result of any permanent plant closure any substantial layoff at a plant, facility, or enterprise
- Unlikely to Return
- Income
- Family Size
- Homeless
- Disability
- Other:

Staff Signature

Date (mm/dd/yy)