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Rivers East WORKFORCE DEVELOPMENT BOARD



Applicant Statement

Applicant Name: _____ State ID: _____

Program: Adult Dislocated Worker Youth Other: _____

Eligibility Item(s) being verified: _____

Statement:

I certify that the information on this statement is accurate to the best of my knowledge. I understand that falsification of information provided may cause forfeiture of assistance and may result in criminal action. This information will be used to determine eligibility for WIOA services.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____