



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD
Local Area (Bladen, Hoke, Richmond, Robeson and Scotland Counties)

SELF – ATTESTATION FOR INCOME, EMPLOYMENT STATUS, DISLOCATION, DISPLACED, EX-OFFENDER STATUS, HOMEMAKER, AND EDUCATION LEVEL
(if used for income it must be one of the following: no income, cash gifts, odd jobs, or self-employment income)

Date: _____

Name: _____ Last four of SSN: _____

I, _____, hereby affirm that : _____
(NAME OF APPLICANT)

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 AND/OR PENALTIES AS SPECIFIED BY LAW. USING THE SELF-ATTESTATION COULD REQUIRE GATHERING PERTINENT DOCUMENTATION AT A LATER DATE IF REQUESTED BY LOCAL, FEDERAL OR STATE GOVERNMENT REPRESENTATIVES.

(Applicant's Signature)

(Staff Signature)

OFFICE USE ONLY

THE ABOVE APPLICANT STATEMENT IS BEING UTILIZED FOR DOCUMENTATION OF THE FOLLOWING ELIGIBILITY CRITERIA:

- EX-OFFENDER STATUS
- INCOME
- EMPLOYMENT STATUS
- DISLOCATION
- DISPLACED HOMEMAKER
- EDUCATION