## Fresno Regional Workforce Development Board

## **Applicant's Statement**

Applicant's name:		State ID #
I declare that,		
	etermined to be inaccura	under penalty of perjury. I understand that if any of the ate or incomplete, I will not be eligible for WIA
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 (Note: All si	gnatures must be in the p	Phone Number presence of a Provider of Services staff member)
	Completed	d by Service Provider
Name of Service Provice Describe what attempts use of the Applicant's S	s have been made to ob	tain (and failed) official documents prior to allowing the
	t is being used for docum	entation of the following eligibility criteria:
1)		
2)		
3)		
		Signature of certifying Service Provider Staff Date

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Form#: GEN-001, revised 081418