## SAN BERNARDINO COUNTY Workforce Development Department (WDD)

☐ East Valley AJCC

☐ High Desert AJCC

☐ West Valley AJCC

WIOA	APPLICANT ATTESTATIO	ON
Innovation and Opportunity Act (WIOA	emaker – Complete this section for customers  A) services as a dislocated worker or displace s found below. This form is used as a last re-	d homemaker and
Please check all boxes that apply to	you:	
<ul><li>☐ Terminated or laid off</li><li>☐ Received notice of termination or</li><li>☐ Employer has announced busines</li></ul>	•	
☐ Was receiving, but no longer eligib	ble for unemployment insurance	
	ner, rancher or fisherman), but no longer emp	•
Displaced homemaker (i.e., unpai	d stay-at-home mom or dad no longer suppor	rted by husband or wife)
checked above. Include employer na information.	on why documentation cannot be reason me, dates of employment, reason for layoff if keeping the second seco	known, and any other pertinent
ABOVE INFORMATION, IF MISRE	PRESENTED OR INCOMPLETE, MAY BE (	
TERMINATION AND/OR PENALTIE	ES AS SPECIFIED BY LAW.	
Applicant's Signature	Applicant's Printed Name	Date
Applicant's Street Address	City, State	Zip Code
	Office Use Only	
The above applicant statement is bei	ng utilized for documentation of the following	eligibility criteria:
Signature and Printed Name of Ce	ertifying Official	Date