

Disaster Recovery Employment Program Customer Self-Attestation Form



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NAME:

LAST FOUR SSN:

I understand that to receive services, certain items must be verified for eligibility. By completing below, I am self-attesting to the following items as applicable.

Please attach any supporting documentation available.

My Employment Status	Employer Name/Dates of Employment
	I have been temporarily or permanently laid off because of the disaster. <ul style="list-style-type: none">• My date of separation began on:• My employer was:
	I am long-term unemployed, defined for this grant as being unemployed for at least one (1) or more weeks. <ul style="list-style-type: none">• My last day of work was:• My employer was:
	I have been laid off/dislocated worker from employment (WIOA standard definition). <ul style="list-style-type: none">• My date of separation began on:• My employer was:
	I am a self-employed individual who became unemployed or significantly underemployed (locally defined as a reduction of at least 50% of income) because of the disaster. <ul style="list-style-type: none">• My business name is:

Family Size/Income	
	I attest my family size is (including myself):
	I attest my family income for the past six (6) months is: \$
	OR
	My household receives SNAP and documentation has been provided.

Other	

I attest that the above statements are true to the best of my knowledge and that information is subject to verification.

Participant (Print)

Participant (Sign)

Date

Career Advisor (Print)

Career Advisor (Sign)

Date