



WORKER RETRAINING SELF ATTESTATION FORM

Student Information

Last Name:	First Name:	MI:	
Address:	City:	State:	Zip:

Self-attestation Questions: Students who are displaced homemakers, formerly self-employed, eligible under the expanded eligibility policy or the stop gap employment policy may self-attest to the information below.

1. Are you formerly self-employed, and no longer have work because of local economic conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you formerly self-employed, and no longer have work because of a natural disaster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you a displaced homemaker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you currently unemployed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you currently employed, but have a net income of less than 70% of Washington's Median Family Income (displaced homemakers and stop-gap employment categories only)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you currently employed, but the position is temporary in nature and only intended to support you as you complete training? Upon completion of your training program you intend to end this job for a position in line with your training program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you earned 45 college-level quarter credits (30 semester credits) and a credential?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have the minimum qualifications for your current position changed and training is necessary to maintain employment in your current position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Student Statement: Provide any additional information that supports your eligibility for the Worker Retraining program.

Self-Attestation Statement:

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from the Worker Retraining program and/or penalties as specified by law.

Student Signature	Date
-------------------	------