New Jersey One-Stop Career Center Self-Certification

APPLICANT NAME: _________________________________

I hereby certify, under penalty of perjury, that the following information is true:

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.

APPLICANT SIGNATURE: ___________________________ DATE: ____________

PARENT/GUARDIAN SIGNATURE*: ______________________ DATE: ____________
*Required for Applicants under 18 years of age.

---------- THIS SECTION FOR ELIGIBILITY INTAKE STAFF USE ONLY ----------

The above applicant statement is being utilized for documentation of the following eligibility criteria:

FUNDING SOURCE: ____________________________________________

INTAKE STAFF SIGNATURE: ___________________________ DATE: ____________

AOSOS ID #: ____________________________________________