

Form D

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 #: _____