

STATE NAME AND ADDRESS

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

(If under age 25)

Employer Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Please check the statement that applies to you, sign and date this form where indicated below.

- I do not have a High-School diploma or GED certificate. If I attended High School or a GED program in the last 6 months, it was for no more than an average of 10 hours per week, not counting periods during which the school was closed for a scheduled vacation.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school.
- I have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge. I authorize any organization, state or federal government agency (including state Unemployment Insurance agencies) to such verification or information as may be needed to determine WOTC eligibility to my employer, employer representative, or the State Workforce Agencies.

Signature: _____ Date: _____

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ETA-9154
Dec

2009

TEMPLATE