



NYID: _____

Eligibility Self-Attestation Form

EDUCATION

- Highest level of education completed:
- School status:
- English language learner:
- Basic skills deficient:

WORK EXPERIENCE

- Employment status:
- Long-term unemployed:

DISABILITY

- Person with a disability?
- Type(s) of disability:

Hearing	Vision
Mental	Mobility
Cognitive/DD	Learning
Chronic Health	Not Disclosed

LIVING SITUATION

- *****Ages 14-24 Only***** Pregnant or Parenting Youth:
- Single parent:
- Homeless:
- *****Ages 14-24 Only***** Foster Care:

LEGAL

- Subject to any stage of the criminal justice process:
- Need assistance in overcoming barriers related to arrest or conviction:

INCOME

- Low income based on income charts:
- *****Ages 14-24 Only***** School lunch:

PUBLIC ASSISTANCE

Note: Documentation must be provided regarding the receipt of public assistance. See [DEV chart](#) for acceptable documentation sources.

- Receiving Public Assistance:
- Type(s) of assistance:

TANF Start Date:	Term Date:	SNAP Start Date:	Term Date:
TANF Exhaustee Start Date:	Term Date:	Temporary Assistance Start Date:	Term Date:
SSDI Start Date:	Term Date:	Refugee Cash Assistance Start Date:	Term Date:
SSI Start Date:	Term Date:	Safety Net/Home Relief Start Date:	Term Date:
Exhausting TANF within two years Start Date:	Term Date:		
Other State/Local Income-based Public Assistance:		Start Date:	Term Date:

SPECIAL CIRCUMSTANCES

- Spouse of a US Armed Services member on active duty and jobless as a direct result of relocation due to a permanent change in your spouse's duty station:
- Displaced homemaker:
- Migrant or seasonal farmworker:
- Cultural barrier:
- Any other barriers:

MILITARY

Based on my responses to the Military Services Questionnaire (MSQ), I am:

- A veteran of the U.S. Armed Forces:
- An eligible spouse:

I certify that the information given on this document is true and accurate to the best of my knowledge.

Printed name: _____

Signature: _____

Date: _____