



Please provide the **ALL** required documents listed below that apply to your particular situation. It will be necessary for you to provide the documents listed below, which are applicable to you, before your application for WIA/SYS can be considered complete. The information will be kept confidential and will be released only under the rules and the regulations of the Privacy Act.

1. Certificate Degree of Indian Blood Card(s) or letter(s) for each family member in the household
2. Social Security Card(s) for each household member
3. Drivers License
4. Proof of residence (utility bill, rent receipt)
5. Marriage Certificate/Divorce Decree, if applicable
6. Pay Stubs or Employer Statement (Last 6 months income)
7. Statement of support form if you are currently staying with someone (attached)
8. DHS check stubs or Agency Statement (Public Assistance)
9. Selective Service Registration Card or Letter (males 18 yrs & older)
10. DD-214 or Discharge Letter (Veteran)

By signing below, I certify I have read the guidelines and understand the items above are required to complete and process my application for WIA/SYS. I further certify this is not an entitlement program and is based only on funding availability.

Tribal Member Signature

Date

Co-Applicant

Date

WIA/SYS Application

Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Tribe:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widow	
If you are male, are you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of assistance: <input type="checkbox"/> Work Experience <input type="checkbox"/> Summer Youth <input type="checkbox"/> One-the-Job Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> Support Services		
Education Status: (circle the highest grade you completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		

Employment Information

Current employer:		
Employer address:	How long?	
City:	State:	ZIP Code:
Phone:	Hourly Salary (Please circle)	Position:

Educational Background

High School:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:
College:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:
Other:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:

Please attach transcript, certificate(s), or proof of degree

Household Information

List all members in the household: Name, Age, Relationship	Household Size: _____		
Family Status: <input type="checkbox"/> Single w/o Dep. <input type="checkbox"/> Single w/Dep. <input type="checkbox"/> Married w/o Dep. <input type="checkbox"/> Married w/Dep.			
Name:	Age & Relationship:	Name:	Age & Relationship:

Public Assistance

Are you currently receiving Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps <input type="checkbox"/> Commodities <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Foster Care Payments

Barriers of Employment:

<input type="checkbox"/> Pregnant Parenting <input type="checkbox"/> Homeless <input type="checkbox"/> High School Drop Out <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Basic Skill Deficiency <input type="checkbox"/> Offender
<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Limited English <input type="checkbox"/> Disabled <input type="checkbox"/> No Drivers License <input type="checkbox"/> No Transportation <input type="checkbox"/> Problem With Child Care

References

Name:	Address:	Phone:

I certify that the information provided is true to the best of knowledge. I am also aware that the information I have provided is subject to verification and I will have to provide documents to support this information. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine legibility.

Signature of applicant:	Date:
Signature of parent/guardian:	Date: