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:

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I attest that the information state 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 SIGNATURE:*_____ DATE:_____

*Required for applicants under 18 years of age.

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

FUNDING SOURCE: _____

INTAKE STAFF SIGNATURE: _____ DATE:_____

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