Upper Shore Workforce Investment Board

PO Box 8, Wye Mills, MD 21679
410-822-1716
www.uswib.org

APPLICANT STATEMENT

Upper Shore Workforce Investment Board

I hereby certify, under penalty of perjury, that I

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

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'S SIGNATURE	CORROBORATING WITNESS SIGNATURE
APPLICANT'S ADDRESS	WITNESS' RELATIONSHIP TO APPLICANT

Office Use Only

The above applicant statement is being utilized for documentation of the following eligibility criteria:

Signature of Certifying Official