



**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**