

**CITY OF PITTSBURGH –PITTSBURGH PARTNERSHIP
SELF-CERTIFICATION FORM**

IDENTIFYING INFORMATION

Applicant Name _____
Last First MI

Address _____

Social Security Number _____ Date _____

THE FOLLOWING SELF-CERTIFICATION IS BEING UTILIZED FOR VERIFICATION OF THE FOLLOWING ELIGIBILITY CRITERIA:

(Check appropriate box)

I. Age

I am _____ years old. My date of birth is: _____

II. Legal Resident

I am a U.S. Citizen National Legal Resident Permanent Resident Alien
 Lawfully Admitted Alien with Permanent U.S. Employment Status.

III. Economically Disadvantaged

I am a member of a family receiving cash welfare payments or receiving food stamps or eligible to receive food stamps in the last 6 months, or an individual receiving cash welfare payments or receiving food stamps or eligible to receive food stamps in the last 6 months.

OR

I am an individual with a disability .

OR

My family income for the past six months is \$_____.

OR

My family size is _____.

IV. Barriers to Employment

I am a/an: Drop Out Foster Child Homeless Institutionalized Offender Runaway
Pregnant Single Parent

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 & Date

Applicant's Phone Number

Signature of Parent or Guardian (required if applicant is under 18 years of age) Date

I certify that the information recorded on this form was provided by the individual whose signature appears above:

Application site Representative Signature/Date: _____

Verifier's Signature/Date: _____