



Verification of Public Assistance
Workforce Innovation and Opportunity Act (WIOA)
FORM WIOA I-B – 1.4

TO WHOM IT MAY CONCERN:

Applicant: _____ has applied
for training/employment under the Workforce Innovation and Opportunity

Act. This is your authorization to release information concerning my income. Please complete this form as soon as possible as it is required before I, or a member of my family can be determined eligible for the program.

Applicant's Signature

SSN (optional)

Signature of Parent/Guardian, if under 18

SSN (optional)

Please answer the Requested Information or Attach Signed and Stamped Printout

1. Does the applicant receive or is a part of a family that receives SNAP (or has received SNAP in the last 6 months)? [] Yes [] No If yes, last date received: _____

If yes, please list the individuals on the case (use and sign back of page, if needed):

Head: _____

2. Does the applicant receive or is a part of a family that receives TEA or Work Pays (or has received TEA or Work Pays in the last 6 months)? [] Yes [] No If yes, last date received: _____

If yes, Name of recipient(s): _____

3. Does the applicant receive or is a part of a family that receives SSI (or has received SSI in the last 6 months)? [] Yes [] No

If yes, Name of recipient(s): _____

Signature of Agency Staff: _____ **Date Signed:** _____

Please return the completed form to: