



Eligibility Application

Please hover over the boxes for information and instructions on how to complete each response.

First Name

Middle Initial

Last Name

Street Address 1

Street Address 2 / Apartment Number

City

State

Zip Code

Date of Birth

Phone Number

Phone Type

E-mail

Gender

Disability

Eligible Veteran Status

Ethnicity: Hispanic/Latino

Race: American Indian/Alaska Native

Race: Asian

Race: Black/African American

Race: Native Hawaiian/Pacific Islander

Race: White

Authorization to Work in US

Eligibility (for Grant)

Employment Status

Long-Term Unemployed

Highest Grade Completed

Highest Educational Level Completed

Ex-Offender

Low Income Status

English Language Learner

APPLICANT CERTIFICATION

I certify that the information provided in this application is true to the best of my knowledge. I am also aware that the information I provided is subject to review and verification (including wage records and unemployment compensation information) and that I may have to provide supporting documents. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature of Pathways to the American Dream Applicant

Date

LDWA

H-1B Sector

Date of Birth **verified by:**

Individual with Disability **verified by:**

Eligible Veteran Status **verified by:**

Citizenship (or Eligible to Work) **verified by:**

Employment Status **verified by:**

I have reviewed the applicant information and have found it to be a reasonable representation of the individual's status at the time of the interview.

Signature of Workforce System Navigator

Date

I certify that I have reviewed the source document(s) included.

Signature of Eligibility Reviewer

Date

Public Burden Statement (1205-0526)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory (Workforce Innovation and Opportunity Act, Section 116). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research • U.S. Department of Labor • Room N-5641 • 200 Constitution Ave., NW, • Washington, DC • 20210. Do NOT send the completed application to this address.