

VETERAN SELF-ATTESTATION FORM

Please check one of the following definitions that appropriately describes your classification.

FEDERAL/STATE QUALIFIED VETERAN—a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable as specified at 38 U.S.C. 101(2). Active services include full-time duty in the National Guard or a Reserve component, other than full time for training purposes.

- FEDERAL QUALIFIED SPOUSE**—the spouse of:
- any veteran who died of a service-connected disability;
 - any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
 - (i) Missing in action;
 - (ii) Captured in line of duty by a hostile force; or
 - (iii) Forcibly detained or interned in line of duty by a foreign government or power;
 - any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs;
 - any veteran who died while a disability, as previously indicated, was in existence.

- STATE QUALIFIED SPOUSE**—a spouse:
- who meets the definition of federal qualified spouse; or
 - of any member of the armed forces who died while serving on active military, naval, or air service.

I _____ ATTEST THAT I MEET THE DEFINITION
(PRINT NAME)

MARKED ABOVE AND THE ASSOCIATED ELIGIBILITY CRITERIA. I CERTIFY THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT IF I HAVE MISREPRESENTED MYSELF, THERE MAY BE GROUNDS FOR IMMEDIATE TERMINATION OF SERVICES AND/OR PENALTIES AS SPECIFIED BY LAW. I FURTHER UNDERSTAND THAT IF THE DEFINITION MARKED ABOVE IS BASED ON A MILITARY RECORD THAT I KNOW IS FRAUDULENT, FICTITIOUS, OR HAS BEEN REVOKED, I ALSO MAY BE SUBJECT TO PENALTIES AS PROVIDED IN ACTS 2011, 82ND LEG., CH. 386 (SB 431), AS CODIFIED IN TEXAS PENAL CODE SECTION 32.54.

INDIVIDUAL'S SIGNATURE and DATE

CERTIFICATION

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

Workforce Solutions Office Staff Signature

Print Name

_____/_____/_____
Date