

2024-2025 DISLOCATED WORKER VERIFICATION

Student Name (please print)

Spouse's Name (if applicable)

Campus ID Number

Parent 1 Name (please print)

Parent 2 Name (please print)

You indicated on the Free Application for Federal Student Aid (FAFSA) that you, your spouse, or a parent is a dislocated worker. Information provided on this form as well as supporting documentation is needed to determine whether the dislocated worker status applies. NOTE: If a person quits work, generally he/she is not considered a dislocated worker even if the person is receiving unemployment benefits.

Dislocated Worker?

Please check the box of who was a dislocated worker at the time you, the student, completed the FAFSA.

You (student)

Your Spouse

Your Parent

Dislocated Worker Information

Please check the situation that best represents the status for the person you indicated above as a dislocated worker.

The person above is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation.

ATTACH Current documentation of unemployment compensation benefits showing effective dates (beginning to end).

The person above has been laid off or received a layoff notice from a job.

ATTACH one of the following required document(s).

A copy of separation or termination notice including effective date.

Documentation from employer showing termination including effective date.

The person above was self-employed but is now unemployed due to economic conditions or natural disaster.

ATTACH the following required document(s).

A **signed** copy of the person's 2022 IRS Tax Return Form 1040 including any Schedules: 1, 2, and 3.

Proof of income loss.

A detailed written explanation of the person's current situation.

The person above is a displaced homemaker who previously provided unpaid services to the family (e.g. a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and having trouble finding or upgrading employment.


ATTACH the following required document(s).

Legal separation/divorce documents or death certificate for spouse.

A detailed written explanation of the person's current situation.

None of the above situations apply. If you are not considered a dislocated worker by one of the above situations, we will correct your FAFSA and you do not need to submit any of the above documents.

Certification and Signature(s)

 **SIGNATURE REQUIRED:** I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that based on the information provided changes in my FAFSA financial information may occur and may result in a change in financial aid eligibility.

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**) Date

Spouse Signature (if applicable) (Handwritten **OR ELECTRONIC SIGNATURE USING YOUR CREATED PASSWORD**) Date

Parent Signature (if applicable) (Handwritten **OR ELECTRONIC SIGNATURE USING YOUR CREATED PASSWORD**) Date