

## 2019-2020 Student/Spouse Verification Dislocated Worker

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
CSUID

**On your FAFSA application, you or your spouse (if married) indicated you were a dislocated worker. As part of the verification process, we are in need of clarification regarding dislocated worker status. In general, a person may be considered a dislocated worker if he or she:**

- Is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation.
- Has been laid off or received a lay-off notice from a job.
- Was self-employed but is now unemployed due to economic conditions or natural disaster.
- Is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (ex: stay at home parent), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment.

*Please note: Except for the spouse of an active duty member of the Armed Forces, if a person quits work, generally he or she is not considered a dislocated worker even if for example, the person is receiving unemployment benefits.*

**Please check one:**

**I am a dislocated worker(s) as defined above.**

- ✓ Attach supporting documentation ex: unemployment benefits statement, layoff notice etc. If self-employed, provide a written statement from parent(s)/stepparent regarding dislocated worker status and attach any supporting documentation.

**My spouse (if married) is a dislocated worker as defined above.**

- ✓ Attach supporting documentation ex: unemployment benefits statement, layoff notice, etc. If self-employed, provide a written statement regarding dislocated worker status and attach any supporting documentation

**We answered incorrectly.** Neither student (nor spouse, if married) is a dislocated worker as defined above.

### STUDENT AND SPOUSE SIGNATURES:

I (we) certify the statement checked above is correct.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

If you are unsure whether you or your spouse (if married) are considered dislocated workers, please contact the Office of Financial Aid at 970-491-6321.