

Student's Name: _____

SIS ID: _____

2024-2025 DISLOCATED WORKER VERIFICATION

You indicated on the FAFSA that you or your spouse is a dislocated worker. The information on this form is required to determine whether you meet the criteria for Dislocated Worker Status. Additional documentation may be required.

1. Please indicate which family member was a dislocated worker at the time you completed your FAFSA:

Name:

Relationship to Student:

2. Please review the following and indicate the one that best represents the status for the person above.
**Note: If a person quits work, generally he/she is not considered a dislocated worker even if the person is receiving unemployment benefits*

Please indicate if you meet one of the criteria to be considered a Dislocated Worker:

is or was receiving unemployment benefits due to being laid off or losing a job **and** is unlikely to return to a previous industry or occupation

was laid off or received notice of lay-off as a result of a permanent closure of a facility or substantial layoffs at a facility

was self-employed but is now unemployed due to economic conditions or natural disaster

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

is the spouse of an active duty member of the Armed Forces and has experienced a loss of employment because of relocating due to permanent change in duty station

is the spouse of an active duty member of the Armed Forces and is unemployed or underemployed, and is experiencing difficulty in obtaining or upgrading employment

Does Not Apply
If you are not considered a dislocated worker, we will correct your FAFSA.

SIGN AND DATE

I (we) certify that all information reported on this form is true, complete and accurate as of the date the FAFSA was filed. False statements or representations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Dislocated Worker Signature _____ Date _____