

2026-2027 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 2024 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