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DISLOCATED WORKER VERIFICATION

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 **FAX: (805) 756-7243**	Last Name: First Name: Empl ID#: Phone #:

You indicated on the FAFSA that you, or your spouse, or a parent are a dislocated worker. Information provided on this form as well as additional 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.*

Please complete the following, attach all appropriate supporting documentation, and submit to the Cal Poly Financial Aid Office.

1. Check which of the following was a dislocated worker at the time you filed your FAFSA.
   ☐ You (student) ☐ Your Spouse ☐ Your Parent

2. Please review the following and indicate which best represents the status for the person checked in #1.

A person may be considered a dislocated worker if he or she:	**Acceptable Supporting Documentation**
☐ is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation	• Current documentation of unemployment compensation benefits showing effective dates
☐ has been laid off or received a lay-off notice from a job	• Separation or termination notice, or documentation from employer showing termination
☐ was self-employed but is now unemployed due to economic conditions or natural disaster	• Signed copy of 2008 Federal IRS income tax return including all schedules, proof of income loss, *and* a written detailed explanation of your current situation
☐ 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	• Divorce or legal separation papers or death certificate of spouse • A written detailed explanation of your current situation
☐ Does Not Apply If you are not considered a dislocated worker, a correction will be submitted electronically on your behalf to the Federal Processor to update your FAFSA.	

3. SIGN AND DATE

I (we) certify that all information reported on this form and any attachments 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.

Student Signature Date

Parent Signature Date

Spouse Signature (if applicable) Date