2016-2017 DISLOCATED WORKER VERIFICATION WORKSHEET



Student ID:	<u> </u>
Last Name:	First Name:
 previous occupation; or, Has been laid off or received a l Was self-employed but is now u Is a displaced homemaker. A di services to the family (e.g. a stay 	efits due to being laid off or losing a job and is unlikely to return to a
**Note: If a person quits work, genera person is receiving unemployment bene	ally he or she is not considered a dislocated worker, even if, for example, the
Dependent Students: According to our parent is a dislocated worker. Answer the	records, you answered "YES" to question 84 on the FAFSA stating your question below about <u>your parents</u> .
documentation to supp	dislocated worker. Please attach copies of official ort your claim. ke on FAFSA. I authorize corrections to be made
Independent Students: According to ou	ar records, you answered "YES" to question 102 on the FAFSA stating you aswer the question below about <u>yourself or your spouse</u> , if married.
documentation to supp	pouse is, a dislocated worker. Please attach copies of official
Certification : By signing this form, I cercomplete and correct.	rtify that all the information reported to qualify for federal student aid is
Student Signature	Date
Parent/Spouse Signature	 Date

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