

2016-2017 PARENT DISLOCATED WORKER VERIFICATION FORM

Student's Name: _____ Student ID _____ Date: _____
 (Please Print) Last First Initial

According to your FAFSA your parent is a dislocated worker. We need additional information to verify this status. Please have your parent complete Section I, sign, and return this form within 30 days of the above date in order to maintain your on-time status. In addition, if you wish us to reevaluate your eligibility due to a loss of income of **at least \$2,000** between the year 2015 and 2016, complete both Section I and Section II.

~~097H-CB~~ =

To verify your parent's status of dislocated worker or displaced homemaker, please submit one of the following:

- Documentation of parent unemployment benefits due to being laid off or losing a job; include a statement indicating you will not likely return to a previous job.
- Documentation that your parent has been laid off or received a lay-off notice from a job.
- A written signed statement from your parent that documents their self-employment was terminated due to economic conditions or natural disaster.
- Documentation of parent being a displaced homemaker (generally a person who previously provided unpaid services to the family and is no longer supported by the husband or wife, is unemployed or underemployed and is having trouble finding or upgrading employment), i.e. written statement, divorce decree, and/or proof of lay-off.

~~097H-CB~~ = ~~fCDH-CB5~~@

ESTIMATED INCOME AND BENEFITS FROM JANUARY 1, 2016 TO DECEMBER 31, 2016		
Sources of 2015 Income	Parent 1	Parent 2
Wages, Tips, Salary	\$	\$
Interest/Dividend Income	\$	\$
Business/Farm Income	\$	\$
Rental Income	\$	\$
Taxable Social Security	\$	\$
Severance Pay	\$	\$
Unemployment	\$	\$
Early Withdrawal of Taxable Retirement Funds	\$	\$
Pension/Retirement Income:	Taxed \$	\$
	Untaxed \$	\$
Circle Type - Payments to Tax Deferred Pensions (401(K), 403(B), etc.) Child Support Received, Veteran Noneducation Benefits, Disability Income, Housing, Food and Other Living Allowances Paid to Military or Clergy (cash payment or cash value of benefit)	\$	\$
Other (Indicate Source): _____	\$	\$
Total Estimated 2016 Income	\$	\$

- Check if you, your parents, or anyone in your parents' household receives benefits from any of the following federal benefit programs: Supplemental Security Income, Supplemental Nutrition Assistance Program (SNAP) or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Parent Signature

Date

Parent E-Mail Address (Optional)

() _____
Parent Daytime Phone

After you have filled in the information, print, sign, and submit this form to:
 UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521
 Phone (951) 827-3878 Fax (951) 827-5619