

# 2017- 2018 Dislocated Worker Verification Form

**SDISWK**

You indicated on the 2017-18 Free Application for Federal Student Aid (FAFSA) that you or your spouse are a dislocated worker or answered “Don’t know” to the related question(s). U.S. Department of Education regulations state that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, the Financial Aid Office will compare the information reported on your FAFSA with the information provided on this worksheet and any other required documents. If there are differences, your FAFSA information may need to be corrected by the Financial Aid Office. If a section does not pertain to you, please indicate zero or not applicable (N/A). **Do not leave any spaces blank.**

## SECTION 1: STUDENT INFORMATION

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Last Name	First Name	Student Identification Number
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## SECTION 2: SPOUSE INFORMATION

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Spouse Last Name <i>(if applicable)</i>	Spouse First Name <i>(if applicable)</i>
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## SECTION 3: IDENTITY OF DISLOCATED WORKER

Indicate below who was a dislocated worker at the time the original 2017-2018 FAFSA was filed:

- You, the student
- Your spouse

**PLEASE NOTE:** If a person quits work, he/she is not considered a dislocated worker. Individuals who are retired and receiving a pension and/or Social Security Retirement, receiving temporary or permanent disability, SSI or Worker’s Compensation do not meet the definition of a Dislocated Worker or Displaced Homemaker.

## SECTION 4: TAX RETURN FILING STATUS

Indicate below the federal tax return filing status for 2015:

- 1040EZ                       1040A                       1040\*

\* If you filed a 1040 tax return form, indicate if you filed for any of the reasons below:

- Make \$100,000 or more per year
- Itemize deductions
- Receive income from your own business or farm
- Receive self-employment income or alimony
- Are required to file Schedule D for capital gains

**IF YOU FILED A 1040 FOR ANY OF THE REASONS ABOVE, SKIP TO SECTION 7**

## SECTION 5: DISLOCATED WORKER STATUS

Choose and complete the appropriate statement which best matches the situation of the dislocated worker indicated above.

The statement selected below must indicate the status as of the date the original 2017-2018 FAFSA was filed.

- Dislocated worker is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation. I/we have attached **all of the required forms** listed below as proof:
  - Documentation of unemployment compensation benefits showing effective dates
  - A statement explaining current employment status on page 4.
  - Severance package contract/notice (*if applicable*)
  
- Dislocated worker has been laid off, or has received a lay-off notice from a job. I/we have attached **all of the required forms** listed below as proof:
  - Separation/termination notice received from employer
  - A statement explaining status of application for unemployment benefits on page 4.
  - Severance package contact/notice (*if applicable*)
  
- Dislocated worker was self-employed but is now unemployed due to economic conditions or natural disaster. I/we have attached **all of the required forms** listed below as proof:
  - A written detailed statement explaining your current situation on page 4.
  - A 2015 federal tax transcript
  - A 2016 federal tax transcript
  
- Dislocated worker 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. I/we have attached **all of the required forms** listed below as proof:
  - A written detailed statement explaining your current situation on page 4.
  
- Dislocated worker 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. I/we have attached **all of the required forms** listed below as proof:
  - A written detailed statement explaining your current situation on page 4.
  
- Dislocated worker 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. I/we have attached **all of the required forms** listed below as proof:
  - A written detailed statement explaining your current employment situation on page 4.
  
- Dislocated worker 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 due to the death of the supporting spouse. I/we have attached **all of the required forms** listed below as proof:
  - A written detailed statement explaining your current situation on page 4.
  - Death Certificate of spouse
  - 2015 Federal Tax Return Transcript

**SECTION 5: DISLOCATED WORKER STATUS (Continued)**

The statement selected below must indicate the status as of the date the original 2017-2018 FAFSA was filed.

- Dislocated worker 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 due to a divorce or separation. I/we have attached ***all of the required forms*** listed below as proof:
  - A **Verification of Parental Divorce/Separation** form available at [finaid.ucr.edu](http://finaid.ucr.edu) under Forms and Appeals Section.
  
- After careful review, if you/your spouse (is applicable) are not considered a dislocated worker based on the definitions above, please choose this response to authorize the UCR Financial Aid Office to submit a correction electronically on your behalf to update your FAFSA.

**SECTION 6: STATEMENT**

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**SECTION 7: CERTIFICATION AND SIGNATURES**

If you are the student or spouse, by signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide further documentation that will verify the accuracy of your completed form. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

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Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

*You may scan and submit your completed form by email to [finaid@ucr.edu](mailto:finaid@ucr.edu)  
or by fax to (951) 827-5619  
or drop off at the Highlander One Stop Shop  
or mail to UC Riverside Financial Aid Office, 900 University Avenue, Riverside, CA 92521*