

## Dislocated Worker Verification Worksheet 2021-2022

### Federal Student Aid Programs

You indicated on the **2021-2022** Free Application for Student Aid (FAFSA) that you, your spouse, or a parent is a dislocated worker\*. Information provided on this form, as well as additional supporting documentation is needed to determine whether the dislocated worker status applies. You and your spouse or a parent, if dependent, whose information was reported on the FAFSA (if applicable) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information. If you have any questions about verification, contact us at (934) 420-2578 as soon as possible so that your financial aid will not be delayed.

**\*A person who quits a job, is fired for unsatisfactory performance, is laid off due to seasonal employment, or was previously laid off but is now employed part-time or as a temporary employee, or is in an internship is NOT considered a dislocated worker. Those who qualify as a dislocated worker have generally been laid off or terminated due to the effects of the economy, company downsizing, substantial layoffs, plant closure, a merger or employer going out of business.**

#### A. STUDENT INFORMATION

Last Name _____	First Name _____	MI _____	RAM ID _____
Address _____		Apt _____	City/State/Zip _____
Telephone _____		Birth Date _____	Email _____

1. Please indicate which family member was a dislocated worker at the time you completed your FAFSA:

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

2. Please review the following and indicate the one that best represents the status for the person above. Please attach the supporting documentation requested in Column 2:

<b>A person may be considered a dislocated worker if he or she:</b>	<b>Acceptable Supporting Documentation:</b>
<input type="checkbox"/> is or was receiving unemployment benefits due to being laid off or losing a job <b>and</b> is unlikely to return to a previous industry or occupation for reasons indicated above	<ul style="list-style-type: none"> <li>• Separation or termination notice, or documentation from employer showing termination <b>AND</b></li> <li>• Current documentation of unemployment compensation benefits showing effective dates (beginning to end) <b>AND</b></li> <li>• Statement explaining reason for termination, i.e., <b><u>laid off or terminated due to the effects of the economy, company downsizing, substantial layoffs, plant closure, a merger or employer going out of business, etc.</u></b></li> </ul>
<input type="checkbox"/> was laid off or received notice of lay-off as a result of a permanent closure of a facility or substantial layoffs at a facility	<ul style="list-style-type: none"> <li>• Separation or termination notice, or documentation from employer showing termination and reason</li> </ul>
<input type="checkbox"/> was self-employed but is now unemployed due to economic conditions or natural disaster	<ul style="list-style-type: none"> <li>• Signed copy of 2020 Federal IRS income tax return including all schedules, proof of income loss, <b>and</b> a written detailed explanation of your current situation</li> </ul>
<input type="checkbox"/> 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	<ul style="list-style-type: none"> <li>• Divorce or legal separation papers or death certificate for spouse</li> <li>• A written detailed explanation of your current situation</li> </ul>
<input type="checkbox"/> <b>Does Not Apply - If the person listed above is not considered a dislocated worker, we will correct your FAFSA and you do not need to submit any of the above documents.</b>	

Each person signing this form certifies that all the information reported on it is complete and correct. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse/Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Mailing address-Farmingdale State College- Office of Financial Aid, 2350 Broadhollow Rd., Farmingdale, NY 11735.

Campus Location-Laffin Hall Rm 324 Telephone-(934) 420-2578 Fax-(934) 420-3662