

2017-2018 DISLOCATED WORKER VERIFICATION

| | |
|---|---|
| RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 FAX: (805) 756-7243 EMAIL: financialaid@calpoly.edu | Student Last Name: |
| | Student First Name: |
| | Phone #: EMPL ID#: |

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for review. If awarded FWS, SEOG, or Perkins, documents must be submitted no later than June 30, 2017 to avoid potential cancellation of those funds. In all circumstances, for any aid, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

You indicated on the FAFSA that you, your spouse, or a parent are a dislocated worker. To determine whether the dislocated worker status applies, we need this form and supporting documentation submitted. *NOTE: If a person quits work, generally they are not considered a dislocated worker, even if the person is receiving unemployment benefits.

For Office Use Only

Initials _____

1. Check who of the following was a dislocated worker at the time the FAFSA was filed.
 You, the 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: |
|--|---|
| <input type="checkbox"/> Is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation. <p style="text-align: center;"><i>Then submit</i></p> | <ul style="list-style-type: none"> Documentation of unemployment compensation benefits showing effective dates and a statement of current employment status. |
| <input type="checkbox"/> Has been laid off or received a lay-off notice from a job. <p style="text-align: center;"><i>Then submit</i></p> | <ul style="list-style-type: none"> Separation / lay-off notice OR documentation from employer showing lay-off. |
| <input type="checkbox"/> Was self-employed but is now unemployed due to economic conditions or natural disaster. <p style="text-align: center;"><i>Then submit</i></p> | <ul style="list-style-type: none"> A written detailed explanation of your current employment situation and a copy of a Tax Return transcript for each of the 2 years prior. |
| <input type="checkbox"/> Is the spouse of an active duty member of the Armed Forces and has experienced loss of employment because of relocating due to permanent change in duty station, OR , is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. <p style="text-align: center;"><i>Then submit</i></p> | <ul style="list-style-type: none"> Documentation of Armed Forces relocation or documentation of active duty spouse and written explanation of your current employment situation. |
| <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 spouse, is unemployed or underemployed, and having trouble finding or upgrading employment. <p style="text-align: center;"><i>Then submit</i></p> | <ul style="list-style-type: none"> Divorce or legal separation papers or death certificate of spouse and a written explanation of your current employment situation. |

Does not apply

If you are not considered a dislocated worker based on the definitions above, please indicate, sign, and submit this form to the Cal Poly Financial Aid Office. A correction will be submitted electronically on your behalf to the federal processor to update your FAFSA. Note: You **MUST** return this form to the Cal Poly Financial Aid Office in order for the financial aid award to be finalized.

3. **SIGN and DATE:** I certify that all information reported on this form and any attachment is true, complete, and accurate as of the date the FAFSA was filed. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

 Student Signature (No electronic signature.) Date

 Parent Signature (No electronic signature.) Date

 Spouse Signature Date
 (If applicable. No electronic signature)