Verification of Dislocated Worker Status

2016-2017 *(Fall 2016, Spring 2017, Summer 2017)*

Office of Financial Aid
UNIVERSITY OF COLORADO **BOULDER**

Name: _____   **ID:** _____
                 Student's Name (Last, First, M.I.)   Student Identification Number (SID)

On the 2016-2017 Free Application for Federal Student Aid (FAFSA), you indicated that you, your spouse, or your parent was a ***dislocated worker***. Please complete this form to verify dislocated worker status. NOTE: If a person quits work, generally he/she is not considered a dislocated worker even if they receive unemployment benefits.

1. **Were you, or someone in your household considered a dislocated worker at the time you filed the FAFSA?**

    ☐ Yes (Proceed to step 2)   ☐ No (Skip to step 4 to sign form) A correction will be made to your FAFSA.

2. **Who in your household was considered a dislocated worker?**

    ☐ Student

    ☐ Student's spouse

    ☐ Parent 1 (as indicated on the FAFSA, i.e. mother, father, stepmother, stepfather)

    ☐ Parent 2 (as indicated on the FAFSA, i.e. mother, father, stepmother, stepfather)

3. **Which description best matches the dislocated worker you indicated above?**

    ☐ Is receiving unemployment benefits due to lay-off or job-loss and is unlikely to return to a previous occupation.

    ☐ Has been laid-off or received a lay-off notice from a job.

    ☐ Was self-employed but is now unemployed due to economic conditions or natural disaster.

    ☐ Is the spouse of an active duty member of the Armed Forces and experienced a loss of employment due to relocation and permanent change in duty station; or is the spouse of an active duty member of the Armed Forces and is a displaced homemaker (as described below).

    ☐ Is a displaced homemaker who previously provided unpaid services to the family (e.g., a stay-at-home mom/dad), is no longer supported by the spouse, or is unemployed or underemployed and having trouble finding or upgrading employment.

4. By signing this form, I certify that all the information provided is complete and accurate.

_____   _____
Student signature   Date

_____   _____
Parent signature *(required only if student is dependent)*   Date

Electronic and typed signatures are not acceptable.

Please submit your form by mail, fax or online at https://ofa.colorado.edu/fileupload/
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