



Financial Aid Office
 5150 N. Maple Avenue, M/S JA 64
 Fresno, CA 93740-8026
 Phone: (559) 278-2182 Fax: (559) 278-4833

Parent- Dislocated Worker Verification

| STUDENT ID | LAST NAME | FIRST NAME | PHONE NUMBER (with area code) |
|------------|-----------|------------|-------------------------------|
| | | | |

On the FAFSA you answered that a parent was a dislocated worker. In general, a person may be considered a dislocated worker for the reasons below. Please provide the requested documentation for the situation that applies to your status.

Laid off or received a lay-off notice from a job

Copy of the lay-off notice from employer, on letterhead.

Receiving Unemployment due to:

Lay-Off

Copy of unemployment letter due to lay-off notice

OR

Copy of the lay-off notice from your employer, on letterhead.

Loss of a job and are unlikely to return to previous occupation

Copy of the unemployment letter, **and**

Signed personal statement explaining why the parent cannot return to previous occupation
If a person quits work, generally they are not considered a dislocated worker even if, for example, the person is receiving unemployment benefits.

Self-employed, but now unemployed due to economic conditions or natural disaster

Signed personal statement explaining why the parent is now unemployed, **and**
 Copy of your tax return showing that the parent was self-employed

Displaced homemaker

Signed personal statement explaining why the parent is now displaced homemaker

 Documentation of parent's unemployment or underemployment (letter from unemployment or employer indicating hours working)

By signing this worksheet, I certify that all the information reported on it is complete and correct.

Parent Signature _____ Date _____