



2009-2010 Dislocated Worker Verification

Dependent Students: According to our records, you answered YES to question 85 on the Free Application for Federal Student Aid (FAFSA) stating that your parent of record is a dislocated worker.

Independent Students: According to our records, you answered YES to question 103 on the Free Application for Federal Student Aid (FAFSA) stating that you or your spouse is a dislocated worker.

The conditions that a person may be considered a dislocated worker is if he/she:

- ❖ is receiving unemployment benefits due to being laid off or losing a job* 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; or
- ❖ is a displaced homemaker. A displaced homemaker is generally a person 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 is having trouble finding or upgrading employment.

*Please note this applies to those who are determined to be out of work through no fault of their own, a person must be laid off or discharged (fired) for reasons other than misconduct as defined under law. If a person quits work he/she is not considered a dislocated worker.

Copies of requested documents must be attached to this form.

Dislocated Workers:

1. Letter of explanation regarding your current situation.
 - Include current or prior employer's name, address and phone number (if available).
 - Date you received lay-off notice (if self-employed, the date your company was dissolved).
 - Indicate whether you are entitled to unemployment benefits and/or severance pay and amounts.
2. Your supporting documentation on letterhead:
 - a.) Non self-employed
 - Copy of termination or lay-off notice (or letter) from your employer
 - Notice of Determination from your Department of Employment, Training and Rehabilitation
 - b.) Previously self-employed
 - Bankruptcy documentation **and**
 - Profit/loss statement (or 07/08 & 08/09 schedule C)

Displaced Homemaker:

1. Letter of explanation regarding your current situation.
2. Attach a copy of your divorce decree, separation agreements or death certificate. If you do not have a separation agreement, attach a statement indicating separation and effective dates.
3. Attach income/asset settlements.
4. Attach a list of current household members, their relationship to you and their age.
 - If any, list any income resources for these individuals (e.g. child support).

2009-2010 Dislocated Worker Verification

Student Name: _____ Student ID: R _____

Address: _____
No. Street Apt. City State Zip Code

University E-mail: _____@unr.nevada.edu Phone: (_____) _____ - _____

DISLOCATED WORKER VERIFICATION: Based on the definition of dislocated worker, please answer the questions below.

1. **Dependent Students only:** As of the date you completed your FAFSA, is either of your parent(s) of record a dislocated worker?
_____ Yes, my parent(s) whose information was submitted with my FAFSA is a dislocated worker.
_____ No, I made a mistake on the FAFSA.*

2. **Independent Students only – Dislocated Worker:** As of the date you completed your FAFSA, are you or your spouse, a dislocated worker?
_____ Yes, I or my spouse is a dislocated worker.
_____ No, I made a mistake on the FAFSA.*

3. **Displaced Homemaker:** As of the date you completed your FAFSA, are you or your parent of record considered a displaced homemaker?
_____ Yes, I or my parent is a displaced homemaker.
_____ No, I made a mistake on the FAFSA.*

* The Student Financial Aid and Scholarship office will make corrections to your Student Aid Report (SAR) if you check NO to questions 1, 2 or 3.

CERTIFICATION STATEMENT: I certify that the information is accurate and complete. I have attached all appropriate documentation to verify what I have stated. I understand that my information will be evaluated based on the provided documentation. Any false information may be cause for denial.

STUDENT'S SIGNATURE: _____ **Date:** _____

OFFICE USE ONLY

SSN: _____

Approved

Denied

Corrections

Pending

Comments: _____

FA Initials: _____ Trans #: _____ Date: _____

New EFC: _____

Revised SAR Date: _____ Initials: _____

Old EFC: _____