



## Dislocated Worker/Homemaker

Student Name: \_\_\_\_\_

Fairfield ID: \_\_\_\_\_

You indicated on your financial aid applications 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 to you.

**Instructions:**

1. Complete this form entirely and return it to the Office of Financial Aid with the required documentation as
2. **A dislocated worker is:** an individual who has been laid off or terminated due to effects of the economy, company downsizing, merger, going out of business, etc.
3. **A dislocated worker is not:** An individual who has quit his/her job, is fired for unsatisfactory performance, is laid off due to seasonal work, or was previously laid off but is now employed.

	I am <b>NOT</b> a dislocated worker	I am receiving unemployment	I have been laid off	I was previously self - employed	I am a displaced homemaker
Description	<p><b>I incorrectly answered the FAFSA or CSS Profile</b> dislocated worker question, or found employment since completing the FAFSA or CSS Profile and do not qualify as a dislocated worker.</p>	<p>I am receiving unemployment benefits due to being laid off or losing a job and I am <u>unlikely to return to a previous occupation.</u></p>	<p>I have been laid off, or received a lay-off notice and I am <u>unlikely to return to a previous occupation.</u></p>	<p>I was self-employed but now unemployed due to economic conditions or natural disaster</p>	<p>I am a displaced homemaker who previously provided unpaid services to the family <b>AND</b> You are dependent on the income of another family member, but are no longer supported by that income <b>AND</b> You are currently unemployed or underemployed, and having trouble finding or upgrading employment.</p>
Circle A Response	Yes/ No	Yes/No	Yes/No	Yes/No	Yes/No
Attach Required Documentation	<p>* If <b>yes</b>, return this worksheet, signed and completed - no supporting documentation required. *If <b>no</b>, select the remaining best option that fits your current circumstances.</p>	<p>*If <b>yes</b>, provide proof of unemployment benefits showing effective dates (beginning to end). * Monthly amount received: \$ _____</p>	<p>* If <b>yes</b>, provide a separation or termination notice from the employer stating the date of the lay-off. * If a letter was not originally issued, then contact your previous employer to request one.</p>	<p>* If <b>yes</b>, provide a statement explaining the hardship or natural disaster and how it led to or caused unemployment. * Bankruptcy documentation, if applicable.</p>	<p>* If <b>yes</b>, provide as much information possible such as the following: *Divorce, legal separation agreement, or death certificate. * Statement explaining your current situation. * Document any Income/Asset settlements.</p>

**Certifications and Signatures**

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. Both parent(s) and student agree to notify the Office of Financial Aid if the circumstance(s) described above changes, or if employment is obtained.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dislocated Worker Signature \_\_\_\_\_ Relationship to student: Self Parent Spouse