

## 2018-2019 Parent Dislocated Worker Verification Form

You indicated on the 2017-18 Free Application for Federal Student Aid (FAFSA) or Dream Act Application that your parent(s) are a dislocated worker. To verify that you provided correct information, the Financial Aid Office will compare the information reported on your FAFSA/DREAM Act Application with the information provided on this worksheet and any other required documents. If there are differences, your information may need to be corrected by the Financial Aid Office. **Do not leave any spaces blank. If a section does not pertain to you, please indicate zero or not applicable (N/A). Please keep in mind that incomplete forms will delay processing.**

### SECTION 1: STUDENT INFORMATION

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Student Identification Number

### SECTION 2: PARENT(S) INFORMATION

\_\_\_\_\_

Parent 1 Name

\_\_\_\_\_

Parent 2 Name *(if applicable)*

### SECTION 3: STATUS OF DISLOCATED WORKER

**A person is NOT eligible for Dislocated Worker status if ANY the following apply:**

- Quits a job or chooses to not return to work
- Fired from a job due to unsatisfactory performance
- Laid off due to seasonal work
- Retired and receiving a pension and/or Social Security retirement OR temporary/permanent disability OR SSI OR Worker's Compensation

**If ANY of the above apply OR you determine the parent does NOT meet the Dislocated Worker status:**

- **CHECK HERE**
- **SKIP TO SECTION 6**

Check below to indicate the person who was a dislocated worker as of the **date you submitted the FAFSA or Dream Act Application:**

Parent 1

Parent 2

Indicate the month/year that the person above became a Dislocated Worker: Month \_\_\_\_\_ Year \_\_\_\_\_

Is the person above currently employed? Check here:            Yes            No

Indicate the title of the **prior** position held by person above: \_\_\_\_\_

Indicate the title of the **current** position held by the person above *(if applicable)*: \_\_\_\_\_

**SECTION 4: DISLOCATED WORKER STATUS**

Choose and complete the appropriate statement which best matches the situation of the dislocated worker indicated above. **The determination of the Dislocated Worker status is made according to several factors within a category. For example, receiving unemployment benefits does not automatically qualify a person for Dislocated Worker status.**

The statement selected below must indicate the status as of the **date you submitted the FAFSA or Dream Act Application.**

Check one category below:	MUST detail in SECTION 5 statement:	MUST attach documentation below:
<ul style="list-style-type: none"> <li>➤ <b>Was</b> terminated/laid off from employment</li> <li>➤ <b>AND</b> is eligible for or has exhausted unemployment benefits due to being laid off or losing a job or denied unemployment benefits</li> <li>➤ <b>AND</b> is unlikely to return to a previous industry or occupation.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The reason why it is unlikely to return to the previous occupation</li> <li>➤ Current status of unemployment benefits application</li> </ul>	<ul style="list-style-type: none"> <li>➤ Notice of Unemployment Insurance Award Letter showing effective dates or Denial Letter</li> <li>➤ Notice of Termination or lay off from employer</li> <li>➤ Severance package notice <i>(if applicable)</i></li> </ul>
<p><b>Was</b> terminated/laid off or has received a lay-off notice from a job due to a permanent closure or substantial layoff.</p>	No statement required	<ul style="list-style-type: none"> <li>➤ Notice of Termination or lay off and/or Notice of Closure from employer</li> <li>➤ Severance package notice <i>(if applicable)</i></li> </ul>
<p>Employer made announcement that facility <b>will</b> close.</p>	No statement required	<ul style="list-style-type: none"> <li>➤ Notice received from employer that business will close</li> </ul>
<p>Self-employed but <b>is</b> unemployed due to economic conditions or due to a natural disaster.</p>	<ul style="list-style-type: none"> <li>➤ The economic condition or natural disaster and when it occurred.</li> <li>➤ How this event led to or caused unemployment.</li> </ul>	<ul style="list-style-type: none"> <li>➤ 2016 and 2017 federal tax transcripts</li> <li>➤ Any other available dated documentation showing proof of income loss, such as bankruptcy documentation <i>(if applicable)</i></li> </ul>
<ul style="list-style-type: none"> <li>➤ Spouse of an active duty member of the Armed Forces who has experienced a loss of employment due to permanent change in duty station</li> <li><b>OR</b> is unemployed or underemployed</li> <li>➤ <b>AND</b> is experiencing difficulty in obtaining or upgrading employment.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The reason for having trouble finding or upgrading employment.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Documentation showing active duty orders</li> </ul>
<ul style="list-style-type: none"> <li>➤ Displaced homemaker who has been providing unpaid services to family members in the home (e.g. a stay-at-home)</li> <li>➤ <b>AND</b> has been dependent on the income of another family member but is <b>NO LONGER</b> supported by that income</li> <li>➤ <b>AND</b> is unemployed or underemployed, having difficulty obtaining or upgrading employment. An “underemployed” person is one who is working part time but <b>WANTS</b> to work full time or one who is working below the demonstrated level of education/job skills.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The unpaid services provided to family member(s).</li> <li>➤ The amount of loss of financial support from the family member.</li> <li>➤ The reason for the loss of financial support and from what family member.</li> <li>➤ The reason for having trouble finding or upgrading employment.</li> </ul>	<ul style="list-style-type: none"> <li>➤ If due to divorce/separation, submit the <b>2018-2019 Verification of Parental Divorce/Separation</b> available under the “Forms and Appeals” section of the <a href="http://finaid.ucr.edu">finaid.ucr.edu</a> website</li> <li>➤ If due to family member’s death, a copy of the death certificate as well as both parent’s 2016 W-2’s from all employers.</li> </ul>

**SECTION 5: STATEMENT**

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**SECTION 6: ASSET AND INVESTMENT INFORMATION**

Review the following PRIOR to providing asset and investment information:

<p><b>Assets Include:</b> Money in cash, savings and checking accounts, business, investment farms, other investments, such as real estate (other than the home in which you live), UGMA and UTMA accounts for which you are the owner, stocks, bonds, certificates of deposits, etc.</p>
<p><b>Assets do not include:</b> The home in which you live, UGMA and UTMA accounts for which you are the custodian, but not the owner, the value of life insurance, retirement plans (401(k) plans, pension funds, annuities, non-education IRAs, Keogh plans, etc.</p>
<p>Click on this <a href="#">link</a> to review more details.</p>

Provide asset and investment information below as of the **date you submitted the FAFSA or Dream Act Application**:

Question	Parent(s):	Student
<p>On the day you submitted your FAFSA/Dream Act Application, what was your total balance of cash, savings, and checking accounts?</p>	\$ _____	\$ _____
<p>On the day you submitted your FAFSA/Dream Act Application, what was the net worth of your investments, including real estate (not your parents’</p>	\$ _____	\$ _____
<p>On the day you submitted your FAFSA/Dream Act Application, what was the net worth of your current businesses and/or investment farms? <b>Don’t include</b> a family farm or family business with 100 or fewer full-time or full-time equivalent employees.</p>	\$ _____	\$ _____

**SECTION 7: CERTIFICATION AND SIGNATURES**

If you are the student or parent(s), by signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide further documentation that will verify the accuracy of your completed form. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Scan and submit this form in PDF format **ONLY** and email to [fadocs@ucr.edu](mailto:fadocs@ucr.edu).*

*Be sure to include your full name and SID in your email and on every page.*