

## 2023-2024 DISLOCATED WORKER VERIFICATION FORM

STUDENT EMPLID	CAL POLY USERNAME	

On your financial aid application, you indicated that you, your spouse, or a parent was a dislocated worker. We are required to confirm that this question was correctly answered using the information you will provide below. Please note: If a person quits work voluntarily, they are generally not considered a dislocated worker, even if the person is receiving unemployment benefits.

- 1. Please indicate the person on your financial aid application that was a dislocated worker at the time you submitted the application:
- You, the student

The student's spouse

The student's parent

No one; we made a mistake

2. Please review the following situations and select the one that most accurately represents the dislocated worker status of the person listed above and attach the corresponding documentation listed. If none of the situations apply, please check "no one" above and check the box beneath the chart.

Attach the corresponding supporting documentation:	
Documentation of unemployment compensation benefits showing effective dates <b>and</b> a statement of current employment status	
Separation / lay-off notice <b>OR</b> documentation from employer showing lay-off	
A written detailed explanation of your current employment situation <b>and</b> a copy of a Tax Return transcript for each of the 2 years prior	
Documentation of Armed Forces relocation or documentation of active-duty spouse and written explanation of your current employment situation	
Divorce or legal separation papers or death certificate of spouse <b>and</b> a written explanation of your current employment situation	

If no one on your financial aid application is considered a dislocated worker based on the information above, please check this box. A correction to your financial aid application will be submitted electronically. Your financial aid award is not considered finalized until this form is submitted and processed.



I certify that all information reported on this form and any attachment is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature

Date

Parent Signature (If applicable)

Date

Spouse Signature (If applicable)

Date