



Certification of Dislocated Worker Status

You indicated in your FAFSA that either you or your spouse is a dislocated worker. To help us better understand your situation, please read each of the qualifying conditions below and place an "X" next to the criteria that best describes your situation. You will need to provide documentation to support your selection.

1) _____ I meet all of the following criteria:

- I was terminated or laid off from employment or received a notice of termination or layoff;
- I am eligible for or have exhausted my unemployment compensation, or I am not eligible for it because, even though I has been employed long enough to demonstrate attachment to the workforce, I had insufficient earnings or performed services for an employer that weren't covered under a state's unemployment compensation law; and
- I am unlikely to return to a previous industry or occupation.

2) _____ I was terminated or laid off from employment or received a notice of termination or layoff as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise.

3) _____ I am employed at a facility at which the employer made a general announcement that it will close within 180 days.

4) _____ I am a person who is employed at a facility at which the employer made a general announcement that it will close.

5) _____ I am a self-employed person (including farmers, ranchers, or fishermen) who is unemployed because of natural disasters or because of general economic conditions in his community.

6) _____ I am displaced homemaker who meets all of the following requirements:

- I have been providing unpaid services to family members in the home;
- I have been dependent on the income of another family member but is no longer supported by that income; and
- I am unemployed or underemployed and is having difficulty obtaining or upgrading employment. An "underemployed" person is one who is working part time but wants to work full time or one who is working below the demonstrated level of her education or job skills.

I certify that I meet the conditions for dislocated worker indicated above.

Signature

Date

Printed Name

Please attached supporting documentation and return the completed form to the Office of Financial Aid.