

## 2017-2018 DISLOCATED WORKER STATUS FORM

On the Free Application for Federal Student Aid (FAFSA), you indicated that a member of your household is a **Dislocated Worker**. You have been selected for verification; therefore, the Financial Aid Office needs the information on this form, as well as additional supporting documentation to determine whether the Dislocated Worker status applies. Please complete the following worksheet and return it to the Financial Aid Office.

Student Name:	PAWS ID#	:
<b>Dislocated Worker Relationship:</b>		
Name of Dislocated Worker:		
Date Person became a Dislocated Worker://		
Relationship to Student (Circle Response): Self	Parent	Spouse
A person may be considered a Dislocated Worker if he or she:		
<ul> <li>is receiving unemployment benefits due to being laid off of is unlikely to return to a previous industry or occupation;</li> <li>has been laid off or received a lay-off notice from their en</li> <li>was self-employed but is now unemployed due to econom</li> <li>is a displaced homemaker. A displaced homemaker is gen unpaid services to the family (for example: a stay-at-home husband or wife, is unemployed or underemployed, and is employment.</li> </ul>	nployer (last of ic conditions erally a perso e mom or dad)	or current year); or natural disaster; or n who previously provided ), is no longer supported by the
If a person quits work, he or she is not considered a Dislocated Worreceiving unemployment benefits.	rker even if, f	or example, the person is
PLEASE ANSWER THE FOLLOWI	NG QUESTI	ON:
Based on the definition above, are you a Dislocated Worker: Yes: _Action: If NO, return this signed worksheet to the FA office, no fur If YES, proceed to the questions below.		
Answer the applicable question and submit this form with supp	orting docum	nentation.
<b>Question #1:</b> I am receiving unemployment: Yes: <b>Action:</b> Return this form with proof of unemployment showing effective	ective dates a	nd amount.
<b>Question #2:</b> I have been laid off: <b>Action:</b> Return this form with a Separation/Termination notice from	n the employe	er stating the date of the lay-off.
<b>Question #3:</b> I was previously self-employed: Yes: Action: Return this form with a detailed statement explaining the h caused unemployment.  Continued on next page	ardship or nat	cural disaster and how it led or

## 2017-2018 DISLOCATED WORKER STATUS FORM (Continued)

Student Name:	PAWS ID#:		
	Please Print		
Action: Return this form with	homemaker: Yes: proof of Divorce, legal separation or a death certificate, along with proof from ued to you in the last five (5) years as well as a statement explaining your current porting yourself/family.		
The signature below certifies the	hat all of the information reported on this worksheet is complete and correct.		
Warning: Per Federal regulation may be fined \$20,000, be sente	ons; if you purposely give false or misleading information on this worksheet, you enced to prison, or both.		
Student Signature	Date		

Please note that during our review the Financial Aid Office may determine that additional documentation is required. If such proof is required an additional request will be sent to the student asking for the documentation. In addition, forms submitted without the proper supporting documentation will void the Dislocated Worker status.

Return to: The College of New Jersey, Financial Aid Office, PO Box 7718, Ewing, NJ 08628 or fax: (609) 637-5154

<u>STOP:</u> DID YOU FULLY COMPLETE THIS FORM? DID YOU SIGN THIS FORM?
WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS
CONCERNING THIS FORM, CALL (609) 771-2211.