



**2021-2022 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#: \_\_\_\_\_  
Please Print

**Dislocated Worker Relationship:**  
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:**

- is receiving unemployment benefits due to being laid off or losing a job and
- is unlikely to return to a previous industry or occupation;
- has been laid off or received a lay-off notice from their employer (last or current year);
- was self-employed but is now unemployed due to economic conditions or natural disaster; or
- is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (for example: a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment.

If a person quits work, they are not considered a Dislocated Worker even if, for example, the person is receiving unemployment benefits.

**PLEASE ANSWER THE FOLLOWING QUESTION:**

Based on the definition above, are you a Dislocated Worker: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Action:** If **NO**, return this signed worksheet to the FA office, no further action is required.

If **YES**, proceed to the questions below.

**Answer the applicable question and submit this form with supporting documentation.**

**Question #1:** I am receiving unemployment:                      Yes: \_\_\_\_\_                      No: \_\_\_\_\_

**Action:** Return this form with proof of unemployment showing effective dates and amount.

**Question #2:** I have been laid off:                                      Yes: \_\_\_\_\_                                      No: \_\_\_\_\_

**Action:** Return this form with a Separation/Termination notice from the employer stating the date of the lay-off.

**Question #3:** I was previously self-employed:                      Yes: \_\_\_\_\_                      No: \_\_\_\_\_

**Action:** Return this form with a detailed statement explaining the hardship or natural disaster and how it led or caused unemployment.

*Continued on next page*

# 2021-2022 DISLOCATED WORKER STATUS FORM (Continued)

Student Name: \_\_\_\_\_  
Please Print

PAWS ID#: \_\_\_\_\_

**Question #4:** I am a displaced homemaker: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Action:** Return this form with proof of Divorce, legal separation or a death certificate, along with proof from the IRS that no w-2's were issued to you in the last five (5) years as well as a statement explaining your current situation and how you are supporting yourself/family.

The signature below certifies that all of the information reported on this worksheet is complete and correct.

Warning: Per Federal regulations; if you purposely give false or misleading information on this worksheet, you may be fined \$20,000, be sentenced 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*

**STOP: 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.**