



**IRVINE VALLEY COLLEGE**

**Financial Aid Office**

**5500 Irvine Center Drive, Irvine, CA 92618**

**(949) 451-5287**

2009-2010 Dislocated Worker Verification

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Student's Email: \_\_\_\_\_ Student's Phone #: \_\_\_\_\_

Dependent Students: According to our records, you answered YES to question 85 on the Free Application for Federal Student Aid (FAFSA) stating that your parent is a dislocated worker.

Independent Students: According to our records, you answered YES to question 103 on the Free Application for Federal Student Aid (FAFSA) stating that you or your spouse is a dislocated worker.

In general, 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 occupation; or,
- has been laid off or received a lay-off notice from a job; or,
- was self-employed but is now unemployed due to the 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 (e.g., 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, generally he or she is not considered a dislocated worker, even if, for example, the person is receiving unemployment benefits.**

Dependent Students: Answer question 1 about your parents.

Independent Students: Answer question 2 about yourself and your spouse, if married.

1. *As of today, is either of your parents a dislocated worker?*

\_\_\_\_\_ Yes, my parent is a dislocated worker. **Please attach supporting documentation, such as copies of: layoff notice, last pay stub, notice of unemployment insurance award etc. (You must complete both sides of this appeal.)**

\_\_\_\_\_ No, I made a mistake on the FAFSA. I authorize corrections to be made to my Student Aid Report.

2. *As of today, are you or your spouse, a dislocated worker?*

\_\_\_\_\_ Yes, I am, or my spouse is, is a dislocated worker. **Please attach supporting documentation, such as copies of: layoff notice, last pay stub, notice of unemployment insurance award etc. (You must complete both sides of this appeal.)**

\_\_\_\_\_ No, I made a mistake on the FAFSA. I authorize corrections to be made to my Student Aid Report.

By signing this form, each person certifies that all of the information reported to qualify for federal student aid is complete and correct.

**WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's / Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. **INCOME REDUCTION:** [ ] Student/Spouse [ ] Parents of Dependent Student

- a) Dependent Student Income will not be considered for an appeal.
- b) Deadline for Fall/Spring income appeal consideration is Friday, 10-30-09.
- c) Deadline for Spring only income appeal consideration is Friday, 03-26-10.
- d) A student or parent that terminates their employment willingly for purposes of attending college will not be given consideration.

**Reason for Income Reduction:**

[ ] Unemployment: Date: \_\_\_\_\_

- **Please attach supporting documentation, such as copies of: layoff notice, last pay stub, notice of unemployment insurance award etc.**

[ ] Change of Employment (reduction in hours or pay rate, etc.): Date: \_\_\_\_\_

[ ] Disability: Date: \_\_\_\_\_

[ ] Divorce or Separation: Date: \_\_\_\_\_ (copy of decree or filing required)

[ ] Death: Date: \_\_\_\_\_ Relationship: \_\_\_\_\_ (death certificate required)

[ ] One Time Income: (Examples: inheritance, back year pay, social security, IRA or pension distribution) Date: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \_\_\_\_\_  
(supporting documentation must be submitted)

2. Complete all portions of the anticipated income chart below. **If the answer is zero, write "0" on the appropriate line.**

<b>ANTICIPATED INCOME FOR 2009</b>	Father	Mother	Student	Spouse
Please list <b>YEARLY</b> totals				
Wages, salaries, tips	\$_____	\$_____	\$_____	\$_____
Unemployment Insurance	_____	_____	_____	_____
Alimony/Spousal Support	_____	_____	_____	_____
Other Taxable Income	_____	_____	_____	_____
Social Security Benefits	_____	_____	_____	_____
Supplemental Security Income	_____	_____	_____	_____
AFDC/TANF	_____	_____	_____	_____
Child Support Received	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Housing, food and other living allowances	_____	_____	_____	_____
Money from Family and Friends	_____	_____	_____	_____
Money Paid on Your Behalf	_____	_____	_____	_____
Other Untaxed Income	_____	_____	_____	_____
<b>Total Anticipated 2009 Income</b>	_____	_____	_____	_____

3. **Please explain the change in income/circumstances you are reporting:**

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The above information is true and correct to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_