



Office of Financial Aid
Dislocated Worker or Displaced Homemaker Verification
2019-2020
 Federal Student Aid Programs

Student's Last Name _____ First Name _____ BSU ID# _____ Date of Birth _____

You indicated on the FAFSA that you (spouse, if married) or parent(s) is a dislocated worker. The information on this form and supporting documentation are required to determine whether you meet the criteria for Dislocated Worker or Displaced Homemaker Status.

- Please indicate which family member is considered a dislocated worker or displaced homemaker at the time you completed your FAFSA:
 Name: _____ Relationship to Student: _____
- Please review the statements below and select the one that best represents the status for the person identified in item 1. Please attach the supporting documentation.

A person may be considered a dislocated worker if he or she:		Acceptable Supporting Documentation:
<input type="checkbox"/>	is or was receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous industry or occupation.	<ul style="list-style-type: none"> Separation or termination notice, or documentation from employer showing termination Current documentation of unemployment compensation benefits showing effective dates (beginning to end)
<input type="checkbox"/>	was laid off or received notice of lay-off as a result of a permanent closure of a facility or substantial layoffs at a facility.	<ul style="list-style-type: none"> Separation or termination notice, or documentation from employer showing termination
<input type="checkbox"/>	was self-employed but is now unemployed due to economic conditions or natural disaster.	<ul style="list-style-type: none"> 2017 IRS 1040/1040A/1040EZ or Tax Return Transcript, proof of income loss and a written detailed explanation of your current situation.
<input type="checkbox"/>	is a displaced homemaker who previously provided unpaid services to the family (e.g. a stay-at-home parent), is no longer supported by spouse, is unemployed or underemployed, and having trouble finding or upgrading employment.	<ul style="list-style-type: none"> Divorce or legal separation papers or death certificate for spouse and a written detailed explanation of your current situation.
<input type="checkbox"/>	are the spouse of an active duty member of the Armed Forces and have experienced a loss of employment because of relocating due to permanent change in duty station.	<ul style="list-style-type: none"> Copy of change in duty orders
<input type="checkbox"/>	are the spouse of an active duty member of the Armed Forces and are unemployed or underemployed, and is experiencing difficulty in obtaining or upgrading employment.	<ul style="list-style-type: none"> Copy of change in duty orders
<input type="checkbox"/>	DOES NOT APPLY – If the Financial Aid Office deems you are not a dislocated worker or displaced homemaker based on documentation provided, the Office reserves the right to make the correction to your FAFSA.	

Certification: I certify that all information on this form and any attachments are true, complete and accurate as of the date the FAFSA was filed. False statements or representations will be subject for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature: _____ Date: _____

Parent or Spouse Signature: _____ Date: _____