



Financial Aid Office • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783  
906-635-2678 • Fax: 906-635-6669

## 2009-10 Dislocated Worker Verification

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

On your FAFSA you indicated that you or someone in your family is a dislocated worker. Please complete this form and submit supporting documentation to verify the dislocated worker status.

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 (excludes seasonal workers)
- Has been laid off or received a lay-off notice from a job
- 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 (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.

Name of Dislocated Worker: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Date of dislocation: \_\_\_\_\_ Prior position: \_\_\_\_\_

Is the dislocated worker currently employed? \_\_\_ Yes \_\_\_ No

If no, is the dislocated worker currently receiving unemployment benefits?

No  Yes \$ \_\_\_\_\_ Amount \_\_\_\_\_ Number of weeks remaining

Please attach proof of dislocation (e.g., termination letter from an employer, copy of unemployment benefits received for loss of non-seasonal employment) with statement of explanation from the Dislocated Worker.

***If the loss of employment will cause your 2009 income to be substantially lower than your 2008 FAFSA reported income, your financial aid can be reviewed to reflect your special circumstances. Please go to [www.lssu.edu/finaid](http://www.lssu.edu/finaid) and complete a Special Circumstance Review form for 2009-10 to submit with this verification.***

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date