



## Dislocated Worker Verification 2020-2021

Name \_\_\_\_\_ ID/Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # (    ) \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

**You indicated on your FAFSA that you, your spouse, or either of your parents is a dislocated worker. Please check which of the following applies to you, your spouse, or parent(s).**

**Student/Spouse (if applicable) Yes, I am a dislocated worker:**

- I am receiving unemployment benefits – Due to being laid off or losing a job and I am unlikely to return to previous occupation.
- I have been laid off or received a lay-off notice from a job
- I was self-employed, but not unemployed due to economic conditions or natural disaster.
- NO, I AM NOT A DISLOCATED WORKER.

**Parent (if applicable) Yes, I am a dislocated worker:**

- I am receiving unemployment benefits – Due to being laid off or losing a job and I am unlikely to return to previous occupation
- I have been laid off or received a lay-off notice from job
- I was self-employed, but not unemployed due to economic conditions or natural disaster
- NO, I AM NOT A DISLOCATED WORKER

**By signing this worksheet, I certify that all the information is complete and correct. I understand if I purposely provide false or misleading information, I may be fined up to \$20,000, sent to prison, or both.**

**I authorize the Financial Aid Office at Roanoke-Chowan Community College to make any necessary corrections to my Student Aid Report electronically on my behalf.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date