

2017-2018 IL MAP Dislocated Worker Verification

Student Name: _____ GSU ID # _____ Last 4 digits of SS#: _____
(Please Print) Last First

Home Phone #: _____ Cell #: _____ Date: _____

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) indicates that you (student) and/or your spouse are a dislocated worker. To determine your eligibility for the Illinois MAP Dislocated Worker rule, complete this form as it applies to the household on the FAFSA. Information provided, as well as additional supporting documentation, is needed to determine if the dislocated status applies.

SECTION A

Check any of the boxes that apply to your situation:

I (student) am not considered a dislocated worker.

My Spouse is considered a dislocated worker.

If you checked either of the boxes above, you may skip Section B and sign your name in Section C.

SECTION B

Complete the following, attach all appropriate supporting documentation, and submit to the Office of Financial Aid:

Current Employment Status

Review the following and indicate which situation(s) applies to you (student).

I have been employed since being dislocated or displaced **in any field** of work.

I am currently trying to find employment.

Current Dislocated Worker Status

Review the following and indicate which situation(s) applies to you (student). **Submit a letter Explaining your dislocated worker situation in detail as well as acceptable documentation listed below for each circumstance.**

I have been permanently laid off or terminated from previous occupation.

- Submit copy of separation or termination notice from previous employer

I am receiving unemployment benefits due to being laid off or losing a job and am unlikely to return to a previous occupation.

- Submit current documentation of unemployment compensation benefits showing effective dates.

I was self-employed but am now unemployed due to economic conditions or natural disaster.

- Submit a 2015 IRS Tax Return Transcript and all 2015 IRS Tax Return Transcript schedules.
- Submit proof of income loss.
- Submit proof of business closing.

SECTION C

I certify that all of the above information is complete and correct. I authorize the office of Financial Aid to verify employment information with the prior employer(s) if necessary.

STUDENT SIGNATURE _____ DATE _____

WARNING: Purposely giving false or misleading information on this worksheet may result in a fine, jail sentence, or both.