2016–2017 Dislocated Worker Verification

On your 2016-2017 FAFSA, you indicated that you (the student) and/or your spouse is considered a dislocated worker. To determine your eligibility for the State of Illinois MAP Grant Dislocated Worker rule, we need to verify your status. Please complete and sign the form below and return it with appropriate documentation.

**Please note:** 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.

**Section 1**
Please check all of the below that apply

- My spouse is a dislocated worker and I am NOT a dislocated worker. **Skip the next section and sign form.**

- I am a dislocated worker. **Complete next section.**

**Section 2**
If you (the student) are considered a dislocated worker, as defined below, please check the box next to the situation that applies to you and submit requested documentation.

- I am receiving unemployment benefits due to being laid off or losing a job and am unlikely to return to a previous occupation. Submit documentation of unemployment compensation benefits showing effective dates.

- I have been laid off or received a layoff notice from a job. Submit letter from former employer on letterhead with effective date of layoff.

- I was self-employed but am now unemployed due to economic conditions or natural disaster. Submit a 2015 IRS Tax Return Transcript (including all 2015 IRS Tax Return Transcript schedules), proof of income loss, and proof of business closing.

- I am 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. Submit military documentation of relocation.

- I am the spouse of an active duty member of the Armed Forces and am a displaced homemaker (as described below). Submit spouse’s DD-214 form and a detailed letter of your circumstances, including date of change.

- I am a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g. a stay at home parent) and is no longer supported by the spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment. Submit a detailed letter describing your circumstances, including date of change. Other documents may be requested.

**Certification Statement**
All of the information provided by me or any other person on this form and its attachments is accurate and complete to the best of my knowledge. If requested, I agree to provide additional proof of the information I have provided on this form.

Student Signature*: ___________________________ Date: ___________________________

*Typed and digital signatures are not acceptable

Student Name: ___________________________ Loyola ID: ___________________________

(Please print) (Your 11-digit Loyola ID number begins 0000.)