

2016-2017 CALIFORNIA DREAM ACT PARENT DISLOCATED WORKER WORKSHEET

Student UCM ID _____ Phone Number _____

Student Full Name _____
First Name _____ Last Name _____ M.I. _____

INSTRUCTIONS

On your 2016-2017 California Dream Act Application, **your parent** indicated that (s)he is classified as a **Dislocated Worker**. This impacts your eligibility for state and institutional financial assistance and **must** be verified.

Please have **your parent** complete the **information** below and/or respond to each of the following items. Sign, date, and return this document to the UCM Office of Financial Aid and Scholarships. Attach documentation required. Please be advised after review of this form we may ask for additional documentation.

Name of dislocated worker _____ Date of dislocation _____
Last Name First Name M.I.

Prior Position & Employer _____

Employer and position if currently employed _____ Date of Hire: _____

Condition which applies to the dislocated worker:

- 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) **OR** has been laid off or received a lay-off notice from a job
 - Provide Separation Notice/ Termination Notice or documentation from employer showing effective date of termination.
 - Provide Documentation of severance package (if applicable).
 - Provide Statement of Unemployment Benefits (if applicable) and effective dates
- Was self-employed but is now unemployed due to economic conditions or natural disaster
 - Provide a completed copy of your 2015 Federal Tax Transcript if not already submitted AND
 - Provide a letter explaining the details of your situation.
- 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
 - Provide a letter explaining the details of your situation.
- None of the above apply. I am not a dislocated worker and/or I quit my job.

NOTE: If a person quits work, generally they are not considered a dislocated worker even if, the person is receiving unemployment benefits.

PARENT CERTIFICATION

I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities. This document must be postmarked by June 1, 2016 to be considered for maximum eligibility of aid.

Parent Signature _____ Date _____