2009-10 Federal Benefits/ Dislocated Worker Verification
Independent Student

Student Name _______________________________  UCI ID Number_________________________
E-mail ______________________________________  Phone Number _________________________

You have reported on your 2009-10 FAFSA that you and/or your family member is receiving at least one type of federal benefits and/or you or your spouse (if married) is a dislocated worker. Please indicate which benefit and attach supporting documentations.

A. Federal Benefits Verification:

___ Free or Reduced Lunch: Submit a school letterhead letter indicating that your child is participating in this program.

___ Food Stamp: Submit a “Certification Notification” or a benefit letter.

___ Supplemental Security Income (SSI): Submit a “Proof of Income Letter” from the Social Security Administration (SSA), 1-800-772-1213.

___ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Submit a copy of the WIC ID card.

___ Temporary Assistance for Needy Families (TANF): Submit a “Certification Notification” or a letter from the Adult & Family Services Office.

___ We are not receiving any federal benefits. I authorize UCI to make corrections on my FAFSA.

B. Dislocated Worker Verification:

___ I am (or my spouse, if married) a dislocated worker: Submit notice of termination or layoff, unemployment benefits, and/or quarterly estimated tax for self-employed.

___ I am (or my spouse, if married) a displaced homemaker: Submit court documents, divorce decree, separation agreement, and/or tax returns that list you and your spouse reflecting your financial dependence on this other family member.

___ I am (and my spouse, if married) not a dislocated worker or displaced homemaker.  I authorize UCI to make corrections on my FAFSA.

Signatures:  (Form must be signed by the student)

By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct. We also certify that we understand that the Office of Financial aid may request additional information to verify information reported on this form.

Student's Name (print): Last  First  Middle  Signature ________________________________ Date ______

Spouse's Name (if married): Last  First  Middle  Signature ________________________________ Date ______