2010-11 Federal Benefits/ Dislocated Worker Verification
Dependent Student

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

You have reported on your 2010-11 FAFSA that you and/or your family member is receiving at least one type of federal benefits and/or your parent 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:

___ Parent is a dislocated worker: Submit notice of termination or layoff, unemployment benefits, and/or quarterly estimated tax for self-employed.

___ Parent is 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.

___ Parent is not a dislocated worker or displaced homemaker. I authorize UCI to make corrections on my FAFSA.

Signatures: (Form must be signed by the student and at least one parent)

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 __________

Parent’s Name (print): Last First Middle Signature __________________________ Date __________