2012-13 Federal Benefits/Dislocated Worker Verification
Dependent Student

Student Name _____________________________        UCI ID Number________________________
E-mail ____________________________________        Phone Number _________________________

You have reported on your 2012-13 FAFSA that you and/or your family member is receiving at least one type of federal benefit and/or your parent is a dislocated worker. Please indicate which benefit and attach supporting documentation.

A. Federal Benefits Verification:

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

___ Food Stamps (Supplemental Nutrition Assistance Program): Submit a statement from the California Department of Social Services or alternative documentation that shows that Food Stamps were received in 2010 or 2011. If these were received in another state, please submit documentation from that state’s authorizing agency. Note: Copies of Food Stamp cards will not be accepted.

___ 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, a divorce decree, a separation agreement, and/or tax transcripts reflecting your financial dependence on this 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