2012-13 Federal Benefits/ Dislocated Worker Verification
Independent 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 you or your spouse (if married) 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.


___ 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, a divorce decree, a separation agreement, and/or tax transcripts that list you and your spouse and reflect 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