

FINANCIAL AID AND SCHOLARSHIPS  
UNIVERSITY of CALIFORNIA • IRVINE

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## 2020-21 Federal Benefits/Dislocated Worker Verification Dependent Student

Student Name \_\_\_\_\_ UCI ID Number \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

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You have reported on your 2020-21 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 family member is participating in this program.

\_\_\_ **Supplemental Nutrition Assistance Program – SNAP (Food Stamps):** Submit a statement from the California Department of Social Services or alternative documentation that shows that SNAP benefits were received in 2018 or 2019. If these were received in another state, please submit documentation from that state's authorizing agency. Note: Copies of SNAP 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.

\_\_\_ **Medicaid:** Submit a copy of the Medicaid card for calendar year 2018 or 2019.

\_\_\_ **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, quarterly estimated tax for self-employed and/or verification of business closure.

\_\_\_ **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)**

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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 \_\_\_\_\_