

FINANCIAL AID AND SCHOLARSHIPS
UNIVERSITY of CALIFORNIA • IRVINE

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Irvine, CA 92697-2825

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**2020-21 Federal Benefits/ Dislocated Worker Verification
Independent Student**

Student Name _____ UCI ID Number _____

E-mail _____ Phone Number _____

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** 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.

___ **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:

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

___ **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 _____