2015-2016 IL MAP Dislocated Worker Verification

Section A – Student Information (Please print clearly)

[Table]

Section B – Check any of the boxes that apply to your situation

☐ My spouse is a dislocated worker. **Skip the next section and sign form.**
☐ I am NOT a dislocated worker. **Skip the next section and sign form.**
☐ I am a dislocated worker. **Complete the next section.**

Section C – Complete the following and submit requested documentation

**Current Employment Status:**
☐ I have been employed since being dislocated or displaced in any field of work.
☐ I am currently trying to find employment.

**Current Dislocated Worker Status:**
☐ I have been permanently laid off or terminated from previous occupation.
  • Submit copy of separation or termination notice from previous employer with effective dates.

☐ I am receiving unemployment benefits due to being laid off or losing a job and am unlikely to return to a previous occupation.
  • Submit current documentation of unemployment compensation benefits showing effective dates.

☐ I was self-employed but am now unemployed due to economic conditions or natural disaster.
  • Submit a 2014 IRS Tax Return Transcript and all 2014 IRS Tax Return Transcript schedules.
  • Submit proof of income loss.
  • Submit proof of business closing.

☐ I am a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home parent), is no longer supported by the spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment.
  • Submit a detailed letter describing your circumstances, including date of change. Other documents may be requested.

Section C – Student Signature

**IMPORTANT:** Return this original form to the Office of Financial Assistance. All documentation submitted with this form must:
1. Have legible copies made on 8 ½ x 11 paper.
2. Have UIN clearly printed within the boxes below.

I certify that the information provided on this form and any attachments are true and correct. I authorize the office of Financial Aid to verify employment with prior employer(s) if necessary.

[Signature]

[Date]

Enter your 9-digit UIN:

1516 IMDW-E N