Colorado Mountain College Office of Student Financial Aid
Dependent Student Dislocated Worker Information Form
2012-2013 Academic Year

Your 2012-2013 FAFSA indicates that a parent in your family is a dislocated worker. Please complete this form and submit with supporting documentation to the Office of Student Financial Aid.

The information you provide on this form, along with the required documentation will be reviewed to determine if adjustments to your processed FAFSA can be made. If you have questions, please contact the Office of Student Financial Aid at (970) 945-8691.

Student information

Name_____ Student ID or SSN_____

Student's Phone Number_____ Parent's Phone Number_____

Employment Information

Name of dislocated worker_____ Date of dislocation_____

Prior Position & Employer _____

Employer and position, if currently employed _____

Condition which applies to the dislocated worker:

☐ Is receiving unemployment benefits (please attach) due to being laid off or losing a job and is unlikely to return to a previous occupation (excludes seasonal workers) **OR**

☐ Has been laid off or received a layoff notice from a job
- Provide Separation Notice/ Termination Notice or documentation from employer showing effective date of termination
- Provide Documentation of severance package (if applicable)
- Provide Statement of Unemployment Benefits (if applicable) and effective dates
- Provide last pay stub from employer

☐ Was self-employed but is now unemployed due to economic conditions or natural disaster
- Provide 2011 Tax Return including Schedule C AND provide a letter explaining the details of your situation.

☐ Is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g. a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment.
- Provide a letter explaining the details of your situation.

Income Assessment Form

Please complete the table below to help us assess your actual income for 2012. Report all income you expect to receive through December 31, 2012 in the appropriate boxes. You must include documentation supporting all income. This documentation could include but is not limited to:

- Recent pay stubs showing year-to-date earnings (since January 1, 2012) OR
- A letter from your employer stating total 2012 projected and or actual earnings
- W2 Forms

If you are submitting the request for consideration after December 31, 2012, you must submit a copy of your completed 2011 federal income tax return.

PARENT INCOME AND ASSET INFORMATION

Income For 2012 (January 1 To December 31)	Actual 1/1/12 To Today	Estimated Today To 12/31/12	Total= Actual + Estimated
MOTHER: expected income earned from work (wages, salaries, tips, net farm or business)	$	$	$ 0
FATHER: expected income earned from work (wages, salaries, tips, net farm or business)	$	$	$ 0
Other Taxable income: (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains) SOURCE:	$	$	$ 0
Social Security Benefits	$	$	$ 0
Child Support Received	$	$	$ 0
Other untaxed income: (earned income credits, welfare benefits, worker's comp., payments to IRA/Keogh, etc) SOURCE:	$	$	$ 0
Total parental income for 2012	**$** 0	**$** 0	**$** 0

Please list your current asset information (if any of the following are applicable):
Net Worth means market value of the asset minus debt on the asset

- Current amount of cash, savings, and checking: $_____
- Current net worth of investments/real estate (other than home): $_____
- Current net worth of farm or business: $_____

Certification and Signature

Please print, sign and return to the Financial Aid Office along with the required documentation.
You will be contacted via CMC email if any further information is required

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information upon request.

Student Signature_____Date_____

Parent Signature _____Date_____

FOR OFFICE USE ONLY

____Student Not Eligible ____ Request Approved ____ Request Denied

Comments_____

_____

_____

_____

FA ADMINISTRATOR_____**DATE**_____

OFFICE OF STUDENT FINANCIAL AID
802 GRAND AVE GLENWOOD SPRINGS CO 81601
PHONE 970-945-8691
FAX 970-947-8318