

V5 2016-17 FAFSA VERIFICATION WORKSHEET



LAST NAME	FIRST NAME	STUDENT ID #	SOCIAL SECURITY #	DATE OF BIRTH	PHONE NUMBER
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Submit to the Financial Aid Office in-person, at your campus, or via the email, fax, or mailing address listed at the bottom of this page within 30 days after notification. If more space is needed for any line item on this form, provide a separate page that includes the student's name and ID number at the top.

SECTION 1 -- NUMBER OF HOUSEHOLD MEMBERS AND NUMBER IN COLLEGE

INSTRUCTIONS FOR *DEPENDENT* STUDENTS: <------(or)----->

- List below the people in the parent's household. Include:
- § The student & parents (including a stepparent) even if the student doesn't live with the parents.
 - § The parent's other children if the parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if they would be required to provide parental information if they were completing a 2016-2017 FAFSA. Include children who meet either of these standards even if the children do not live with the parents.
 - § Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support between July 1, 2016 through June 30, 2017.

INSTRUCTIONS FOR *INDEPENDENT* STUDENTS:

- List below the people in the student's household. Include:
- § The student & if the student is married, the student's spouse.
 - § The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the child does not live with the student.
 - § Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017.

Number in College: Also Include in the space below information about any household member (see above for definitions) who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

FIRST NAME	M.I.	LAST NAME	AGE	RELATIONSHIP	COLLEGE	Will be enrolled at least Half Time? (Yes or No)
					EAST CENTRAL COLLEGE	

SECTION 2 -- TAXES (Check the box for student and, if applicable, spouse or parent(s) that applies to the statement to the right)

<input type="checkbox"/> STUDENT	<input type="checkbox"/> SPOUSE (if married)	<input type="checkbox"/> PARENT 1 (if dependent)	<input type="checkbox"/> PARENT 2 (if dependent)	Filed a 2015 Federal Income Tax Return with the IRS and a signed copy is attached.
<input type="checkbox"/> STUDENT	<input type="checkbox"/> SPOUSE (if married)	<input type="checkbox"/> PARENT 1 (if dependent)	<input type="checkbox"/> PARENT 2 (if dependent)	Will not file and are not required to file a 2015 income tax return with the IRS, but WAS EMPLOYED in 2015 and have listed below the names of all employers and the amount earned from each employer in 2015 (Complete 'FOR NON-TAX FILERS' below)
<input type="checkbox"/> STUDENT	<input type="checkbox"/> SPOUSE (if married)	<input type="checkbox"/> PARENT 1 (dep. student)	<input type="checkbox"/> PARENT 2 (if dependent)	Will not file and are not required to file a 2015 income tax return with the IRS, WAS NOT EMPLOYED and had no income earned from work in 2015.

FOR NON-TAX FILERS: List the name of each employer, the amount earned from each employer in 2015, & whether an IRS W-2 form is provided. Provide copies of ALL 2015 IRS W-2 forms issued for student/spouse/parent(s). List every employer even if they employer didn't issue an IRS W-2 form.

STUDENT/SPOUSE 2015 INCOME FROM WORK			W2 attached?	PARENT(S) 2015 INCOME FROM WORK			W2 attached?
Source:	\$		<input type="checkbox"/>	Source:	\$		<input type="checkbox"/>
Source:	\$		<input type="checkbox"/>	Source:	\$		<input type="checkbox"/>
Source:	\$		<input type="checkbox"/>	Source:	\$		<input type="checkbox"/>
Total Amount of Income Earned from Work	\$			Total Amount of Income Earned from Work	\$		

Certification & Signature: EACH PERSON SIGNING CERTIFIES THAT ALL OF THE INFORMATION REPORTED IS COMPLETE & CORRECT	X	STUDENT SIGNATURE	DATE	X	PARENT SIGNATURE (if a dependent student)	DATE
	Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.					



Identity and Statement of Educational Purpose

You, the student, must appear in person at East Central College to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. East Central will maintain a copy of your photo ID that is annotated with the date it was received & reviewed & the name of the official at the institution authorized to collect your ID. In addition, you must sign, in the presence of the institutional official, the following Statement of Educational Purpose.

ONLY to be signed *AT THE INSTITUTION* or in the presence of a Notary Public

AUTHORIZED COLLEGE OFFICIAL:

STUDENT:

Copy student unexpired valid government-issued photo ID **AT THE TIME of their signing** the Statement & **annotate that copy with your name & the date**, verifying student identity. You may place it below & make a copy:

_____ AUTHORIZED OFFICIAL NAME _____ DATE _____

Statement of Educational Purpose

I certify that I _____
(Print Student's Name)

am the individual signing this *Statement of Educational Purpose* and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending East Central College for 2016-2017.

(Student's Signature)

(Date) REQUIRED: (Student's ID#)

If you're unable to be present at East Central College: Notary's Certificate of Acknowledgement (below)

If you, the student, are unable to appear in person at East Central College to verify your identity, you must provide:

- (a) **A copy of the unexpired valid government-issued photo identification (ID)** that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The **original Statement of Educational Purpose provided above, which must be notarized**. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

THIS STATEMENT & COPY OF ID MUST BE SUBMITTED TO EAST CENTRAL IN ORIGINAL PAPER FORM.

State of _____ City/County of _____ On (date) _____, before me,
(Notary's name) _____, personally appeared, (Printed name of signer)

_____, and proved to me on basis of satisfactory evidence of identification
_____ to be the above-named person who signed the foregoing instrument.
(Type of unexpired government-issued photo ID provided)

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)