



2019-20 FAFSA VERIFICATION WORKSHEET

V1

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, 2019, through June 30, 2020, or if they would be required to provide parental information if they were completing a 2019-2020 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, 2019 through June 30, 2020.

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, 2019, through June 30, 2020, 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, 2020.

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, 2019, and June 30, 2020, 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 2017 Federal Tax Return with the IRS and 'linked' taxes using the IRS Data Retrieval Tool in the FAFSA or provided a signed copy 2017 Tax Return Date linked: _____
<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 2017 income tax return with the IRS, but WAS EMPLOYED in 2017 = <i>Parent(s) and Independent Student(s)</i> must provide the 2017 IRS "Verification of non-filer letter" and ALL 2017 W2's. <i>Dependent Student(s)</i> must list all sources of their 2017 income below.
<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 2017 income tax return with the IRS, and WAS NOT EMPLOYED in 2017 = <i>Parent(s) and Independent Student(s)</i> must submit the 2017 IRS "Verification of non-filer letter".

FOR NON-TAX FILERS: List the name of each employer, the amount earned from each employer in 2017, & whether an IRS W-2 form is provided. List every employer even if they employer didn't issue an IRS W-2 form. **Review eCentral for all documents being requested to complete verification.**

STUDENT/SPOUSE 2017 INCOME FROM WORK			W2 attached?	PARENT(S) 2017 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.			