



2020-2021 Verification Worksheet

V1

STUDENT LAST NAME	STUDENT FIRST NAME	Student ID#	Soc. Sec. #	Birthdate	Phone Number

Submit to the Financial Aid Office 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----> **INSTRUCTIONS FOR INDEPENDENT STUDENTS:**

List below the people in the parent's household. Include:

- **student**
- **parents** (including **stepparent**) even if student does not live with the parents
- **parent's other children** if the parents will provide more than 1/2 their support from July 1, 2020 through June 30, 2021, or if they would be required to provide parental information if they were completing the 2020-21 FAFSA. Include children who meet either of these standards even if not living with parents
- **other people** if they now live with the parents and parents provide more than 1/2 their support between July 1, 2020 and June 30, 2021

List below the people in the student's household. Include:

- **student & student's spouse** if married
- **student's and/or spouse's children** if the student or spouse will provide more than 1/2 of the children's support from July 1, 2020 through June 30, 2021, even if the dhdid does not live with the student
- **other people** if they now live with the student and the student or spouse provides more than 1/2 of the other person's support and will continue to provide more than 1/2 of that person's support through June 30, 2021

Number in College: Also include in the space below information about any household member (see above for definitions), is or will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary institution any time between July 1, 2020 and July 30, 2021. Include the name of the college.

Full Name	Age	Relationship	College Currently Attending (at least half-time)
		Self	East Central College

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

Filed a 2018 Federal Tax Return with the IRS and 'linked' taxes using the IRS Data Retrieval Tool or provide a **signed copy of their 2018 Tax Return** Date linked : _____

Student Spouse (if married) Parent 1 (if dependent) Parent 2 (if dependent)

Will not file and are not required to file a 2018 tax return with the IRS, but **WAS EMPLOYED IN 2018** = Parent(s) and Independent student(s) must provide the 2018 IRS "Verification of non-filer letter" and all 2018 W2's.

Dependent Student(s) must list all sources of 2018 income below.

Student Spouse (if married) Parent 1 (if dependent) Parent 2 (if dependent)

Will not file and are not required to file a 2018 tax return with the IRS, and **WAS NOT EMPLOYED** in 2018 =Parent(s) an Independent student(s) must submit the 2018 IRS "Verification of non-filer letter".

Student Spouse (if married) Parent 1 (if dependent) Parent 2 (if dependent)

FOR NON-TAX FILERS: List the name of each employer, amount earned in 2018 & whether a W-2 form is attached.

STUDENT/SPOUSE 2018 INCOME FROM WORK			PARENT(S) 2018 INCOME FROM WORK		
Source:	\$	W2 attached?	Source:	\$	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 Income from Work	\$		Total Income from Work	\$	

CERTIFICATION EACH PERSON SIGNING CERTIFIES THAT ALL OF THE INFORMATION REPORTED IS COMPLETE & CORRECT	X _____	_____	X _____	_____
	STUDENT SIGNATURE	DATE	PARENT SIGNATURE	DATE

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.
 Submit form to: Financial Aid Office | finaid@eastcentral.edu | fax 636-583-6651 | call 636-584-6588 | 1964 Prairie Dell Road, Union, MO 63084