

2021-2022 Verification Worksheet

STUDENT LAST NAM	VIE	STUDENT FIRST NAME	Stude	ent ID#	Soc.	Sec. #	Birthdate	Pł	hone 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											
- parent's other children if the from July 1, 2021 through Ju	parent's ho ent) even i he parents une 30, 20				List below th - <u>student & s</u> - <u>student's a</u> more than 3 June 30, 20	NSTRUCTIONS FOR INDEPENDENT STUDENTS: ist below the people n 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, 2021 through June 30, 2022, even if the child does not live with the student other people if they now live with the student and the student or					
Include children who meet either of these standards even if not living 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, 2022, even if the child does not live with the student									upport and s support through		
 - other people if the now live with the parents and parents provide more than 1/2 their support between July 1, 2021 and June 30,2022. 											
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 institution											
any time between July 1, 202 Full Name	1 and Jun	ne 30, 2022. Include the name of the c	college Age	Relationsh	ain (College Curr	contly Attending	(at least hal	If time)		
			ABC	Self	-	College Currently Attending (at least half-time) East Central College					
				Sen		28St Centra	II College				
				-							
					 						
ļ				<u> </u>							
SECTION 2 - TAXES (cl	neck th	e box for student and, if appl	licable, spo	ouse or par	rent(s) tha	t applies)					
Filed a 2019 Federal T	fax Ret	urn with the IRS and 'linked'	<u>taxes</u> usir	ng the IRS [Data Retrie	eval Tool o	r				
provided a <u>signed copy</u>	<u>of their</u>	2018 Tax Return	Date lir	nked :							
Student		Spouse (if married)	I	Parent 1 (if	f dependent)		Parent	2 (if depend	dent)		
Will not file and are not	t require	ed to file a 2019 tax return with	າ the IRS, bເ	ut WAS EMF	PLOYED IN 2	2019 = Pare	ent(s) and				
		rovide the 2019 IRS "Verification	-								
<u>Dependent Student(s)</u> m	nust list	all sources of 2019 income belo	ow.								
Student		Spouse (if married)	1	Parent 1 (if	f dependent)		Parent	2 (if depend	dantl		
	+ require	ed to file a 2019 tax return with			. ,	n in 2019 =			Jenty		
		ust submit the 2019 IRS "Verifica				D III 2015 –	Fdient(s)				
Student		Spouse (if married)		Parent 1 (if	f dependent)		Parent	2 (if depend	dent)		
FOR NON-TAX FILERS: L	ist the n	name of each employer, amount	t earned in	2019 & whe	ether a W-2	2 form is att	ached.				
STUDENT/SPOUSE 2019 IN	ICOME FI	ROM WORK	W2 attachd?		PARENT(S	PARENT(S) 2019 INCOME FROM WORK		К	W2 attachd?		
Source:		\$	ļ		Source:			\$			
Source:		\$			Source:			\$			
Source:		\$			Source: Total Income from Work			\$ ¢	━┪		
Total Income from Work	<u>x</u>	\$			lotai incoi	me from vv	ork	\$			
CERTIFICATION EACH PERSON SIGNING	l										
	х				x						
INFORMATION REPORTED IS	^				^						
COMPLETE & CORRECT				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



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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 College 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.

<u>ONLY</u> to be signed AT THE INS	TITUTION 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	Statement of Educational Purpose
and the date verifying student identity. You may place it below & make a copy:	l certify that l
···	(print Student's name) am the individual signing this Statement of Educational Purpose and that
AUTHORIZED OFFICIAL NAME DATE	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 2021-22.

INSTRUCTIONS TO AUTHORIZED COLLEGE OFFICIAL: Place ID here and copy BEFORE student signs

(Student's Signature)

(Date)

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 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 COLLEGE IN ORIGINAL PAPER FORM

State of	City/County of	On (date)	before me,
(Notary's name)	, personally ap	peared,(signer)	, and proved to me on basis of satisfactory
evidence of identification	n (type of ID)	to be the above-national strength and the provided strength and t	med person who signed the foregoing instrument.

WITNESS my hand and official seal (Notary signature) My commission expires on (Date)

(seal)

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