2018-19 FAFSA VERIFICATION WORKSHEET

LAST NAME		FIRST NAME		STUDENT ID #		SECURITY #	DATE OF BIRTH	PHONE NUMBER
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)> INSTRUCTIONS FOR INDEPENDENT STUDENTS:								
List below the people in the <u>parent's household</u> . Include: List below the people in the <u>student's household</u> . Include: List below the people in the <u>student's household</u> . Include: The <u>student & parents</u> (including a <u>stepparent</u>) even if the student doesn't live with the parents. The <u>student & fit the student is married</u> , the <u>student's spouse</u> .								
The parent's other children if the parents will provide more than half of their support from July § The student's or spouse's children if the student or spouse will provide								
1, 2018, through June 30, 2019, or if they would be required to provide parental information if they were completing a 2018-2019 FAFSA. Include children who meet either of these standards June 30, 2019, even if the child does not live with the student.								
even if the children do not live with the parents.								
S <u>Other people</u> 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 S other people if they now live with the parents and the parents provide more than half of the other person's support and will continue to provide more than half of their support between								
July 1, 2018 through June 30, 2019. June 30, 2019.								
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, 2018, and June 30, 2019, include the name of the college.								
FIRST NAME M.I.		LAST NAME	AGE	RELATIONSHIP		COLLEGE		Half Time? (Yes or No)
						EAST CENT	RAL COLLEGE	
					_			
SECTION 2 TAXES (Check the box for student and, if applicable, spouse or parent(s) that applies to the statement to the right)								
Filed a 2015 Income Tax Return with the IRS and 'linked' taxes using the IR								
STUDENT (if married		(if dependent) (if dependent)	Dont)		in the FAFSA or provided a <i>Tax Return Transcript</i> obtained / or 1-800-908-9946). Date linked:			
							-	ho IDS but WAS
SPOUSE (if married) PARENT 1 (if dependent) PARENT 2 (if dependent) (if dependent) PARENT 2 (if dependent) (if dependent) PARENT 2 (if dependent) PARE								
(if married		└└ (if dependent)	endent)	RS 2016 "wage & income	e statemer	nt". The <u>Studer</u>	<u>nt</u> must provide copies	of all 2016 W2's.
								ith the IRS, and WAS NOT
STUDENT (if married		(if dependent) (if dependent)	E	. MPLOYED in 2016 = <u>Pa</u> he IRS 2016 "wage & ir			e 2016 IRS "Verificati	on of non-filer letter" and
						tement .		
Certification & Signature:	,				\mathbf{v}			
EACH PERSON SIGNING	ĺ				Х			
CERTIFIES THAT ALL OF THE INFORMATION REPORTED	STU	JDENT SIGNATURE		DATE	PAR	ENT SIGNA	TURE (<i>if a dependent</i>	student) DATE
IS COMPLETE & CORRECT Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.								

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