

2021-2022 Verification Worksheet

STUDENT LAST NAM	ME	STUDENT FIRST NAME	Stude	ent ID#	Soc. S	Sec. #	Birthdate	P	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											
INSTRUCTIONS FOR DEPENDENT STUDENTS: <pre></pre>											
List below the people in the <u>p</u> - <u>student</u> - <u>parents</u> (including <u>steppare</u> - <u>parent's other children</u> if th from July 1, 2021 through Ju provide parental information Include children who meet e with parents. - <u>other people</u> if the now live	nts port	List below the people n the student's household. Include: - <u>student & student's spouse</u> if married - <u>student's and/or spouse's children</u> if the student or spouse will p 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 - <u>other people</u> 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 th June 30, 2022, even if the child does not live with the student			e: pouse will provide 121 through tudent student or upport and s support through						
1/2 their support between	July 1, 202	21 and June 30,2022.									
Number in College: Also incl	ude in the	e space below information about any h	nousehold me	mber (see abc	ove for definitio	ons) who					
-		<u>e</u> in a degree, diploma, or certificate pr				•					
· · · · · ·		ne 30, 2022. Include the name of the c	•								
Full Name			Age	Relationsh	nip Co	College Currently Attending (at least half-time)					
				Self	Ea	ast Centra	al College				
				1							
				1							
			<u> </u>								
		e box for student and, if appl									
Filed a 2019 Federal T provided a signed copy		<u>urn with the IRS and 'linked'</u> <u>2018 Tax Return</u>	_	0	Data Retriev		r				
Student		Spouse (if married)	1	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	It WAS EMP	IN 20	019 = Pare	nt(s) and				
Independent student(s)	must pr	rovide the 2019 IRS "Verification	n of non-file	er letter" an	id all 2019 W	√2's.					
<u>Dependent Student(s)</u> m	nust list	all sources of 2019 income belo	JW.								
Student		Spouse (if married)	J	Parent 1 (if	f dependent)		Parent	2 (if depend	dent)		
	t require	ed to file a 2019 tax return with		d WAS NOT		D in 2019 =	Parent(s)		•		
		ust submit the 2019 IRS "Verifica									
Student		Spouse (if married)	1	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	form is att	ached.				
STUDENT/SPOUSE 2019 IN	ICOME F	1.	W2 attachd?		PARENT(S) 2019 INCOME FRO		ME FROM WOR	1.	W2 attachd?		
Source:		\$			Source:			\$			
Source:		\$			Source:			\$ \$			
Source:		\$ \$			Source: Total Income from Work		ark.	\$ \$			
Total Income from Work	<u></u>	Ş	<u> </u>			ne morni vvi	OFK	Ş			
EACH PERSON SIGNING	I										
	x				х						
INFORMATION REPORTED IS											
COMPLETE & CORRECT	STUR	DENT SIGNATURE		DATE	PARENT	T SIGNATU	RE		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 and the date verifying student identity. You may place it below & make a	Statement of Educational Purpose
copy:	I certify that I (print Student's name) am the individual signing this <i>Statement of Educational Purpose and that</i>
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.

(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:

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

(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 a	appeared,(signer)	, and proved to me on basis of satisfactory	y
evidence of identification	n (type of ID)	to be the above-n	amed person who signed the foregoing instrument.	

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

(seal)

SUBMIT FORM TO: Financial Aid Office | finaid@eastcentral.edu | fax 636-583-6651 | call 636-584-6588 | 1964 Prairie Dell Road, Union, MO 63084