

2024-2025 Verification Worksheet

Your application was selected for review in a process called "Verification" by the Department of Education. In this process, we will be comparing information from your FAFSA with copies of you and your parents (dependent students) or you and your spouse (independent students, if married)2022 Federal tax return(s) and W-2 forms and other financial documents. Federal regulations (34 CFR, Part 668) require us to collect this information before disbursing federal aid. If there are differences between your FAFSA and the verification documents, we will make corrections and send the required changes electronically to the Federal Student Aid processor to have your information reprocessed. Please complete and return all pages, including any necessary tax documents.

ecessary tax documents.						
STUDENT LAST NAME	STUDENT FIRST NAME	Student ID#	Soc. Sec. #	Birthdate	Phone Number	
Submit to the Financial Aid Office student's name and ID number at	within 30 days after notification. If the top.	f more space is needed fo	r any line item on this form	n, provide a separat	e page that includes the	
SECTION 1 - NUMBER OF HO	USEHOLD MEMBERS					
	our spouse/contributor (if married), your			else in your household	d you will provide more than half	
Dependent Student: List your parents,	/stepparents/contributors, any siblings,	and anyone else in your hous	· ·	es more than half their	support from July 1, 2024 throug	
June 30, 2025. Do not include foster ch	nildren. Attach a separate sheet if neces	ssary.				
Full f	Name	Age Relations			hip	
SECTION 2 – Verification of 2	2022 Household Income Infor	rmation				
Return Transcript from the IR The student was employed in W-2 form or equivalent docur copies of all 2022 IRS W-2 form IRS W-2 form. The student was NOT employed. Check the box that applies to the The parent(s)/contributor(s) is Return or their Tax Return Transcript from the IRS If the parent(s)/contributor(s). Tax Return Transcripts must b One or both parents/contributions.	2022 and has listed on the next page ment is provided. Provide ms issued to the student by their ended and had not income earned from PARENT(S)/CONTRIBUTOR(S) solare unable to use the DDX on the	ge the names of all emplo nployer in the 2022 Emplo n work in 2022. FAFSA and instead will pro- creturns, the DDX cannot nousehold. ve listed below the name	yers, the amount earned from the second with a sign be used and a copy of the second with a more second with a se	rom each employer mployers even if the ned and dated copy signed and dated 20 unt earned from ea	in 2022, and whether an IRS e employer did not issue an of their 2022 Federal Tax 222 Federal Tax Returns or ch employer in 2022, and	
Employer Income box. List all	I employers even if the employer di as employed nor had income earne	id not issue an IRS W-2 fo		the parent(s) by the	en employer in the 2022	
☐ The student and spouse/contr 2022 Federal Tax Return or th ☐ The student and/or spouse/co Amount earned from each em to the student and/or spouse/ IRS W-2 form. ☐ The student was NOT employed	STUDENT AND SPOUSE/CONTRIBL ributor, if married, are <u>unable</u> to ust leir Tax Return Transcript from the partibutor (if married) was employed apployer in 2022, and whether an IRS (contributor (if married) by their ered and had no income earned from IOT employed and had no income e	e the DDX on the FAFSA a IRS. Id in 2022 but not require S W-2 form or an equivale inployer in the 2022 Empl work in 2022.	d to file taxes. Please list on the document is provided. Oyer Income box. List all en	on the next page the Provide copies of al	names of all employers, the I 2022 IRS W-2 forms issued	

Last Name:	First Name	Stude	Student ID						
2022 Employer Income									
Employer's Name	IRS W-2 or an Equivalent Document Provided?	Student Annual Amount Earned in 2022	Spouse/Contributor or Parent/Contributor Annual Amount Earned in 2022						
Total Amo	ount of Income Earned from Work	\$	\$						
Note: If the student and/or spouregardless of whether income was on or after October 1, 2022 is als	as earned, a verification of non-fili	parent/contributor in the house ng status letter from the IRS or	chold was not required to file taxes, other relevant tax authority dated						
Check here if Verification of Non-Filin	g status if provided.								
Check here if Verification of Non-Filin	g status will be provided later.								
	Sign This V	Worksheet							
Each person signing below cer parent/contributor are require purposely give false or mislead	tifies that all the information re ed to sign and date, but the spot ding information, you may be fir	ported is complete and corre use's/contributor's signature ned, be sentenced to jail, or b	ct. The student and is optional. WARNING: If you oth.						
Student Signature (Required):		Date:							
_									
Parent/Contributor Signature (Required):		Date:							
Spouse/Contributor Signature (O	ptional):	Date:	Date:						

Last Names		First Name		Charle at ID					
Last Name:	First Name			Student ID					
Identify and Statement of Educational Purpose Only to be signed AT THE INSTITUTION or in the presence of a NOTARY PUBLIC									
LAST NAME	FIRST NAME	STUDENT ID#	BIRTHDATE	SOC. SEC. #	PHONE #				
	Submit to the Financial Aid Office in person, at your campus, or via email, fax, or mailing to 1964 Prairie Dell Road, Union, MO 63084 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# at the top.								
AUTHORIZED COLLEGE OFFICIAL Copy student unexpired, valid government-issued photo ID AT THE TIME of their signing the Statement of Educational Purpose and annotate that copy with your name and the date verifying student identity. You may place it below and make a copy. AUTHORIZED OFFICIAL NAME DATE INSTRUCTIONS TO AUTHORIZED COLLEGE OFFICIAL: Place ID here and copy BEFORE student signs			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 our photo ID that is annotated with the date it was received and 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. Statement of Educational Purpose I certify that I,						
If you	u are unable to be p	resent at East Central Colle	ge: Notary's Cert	tificate of Acknowledgeme	ent (below)				
a) A copy of yo notary, suchb) The original	ur unexpired, valid gove as, but not limited to a c Statement of Education	n at East Central College to verify ernment-issued phot identification driver's license, other state-issued al Purpose provided above, whice	on (ID) that is acknown on (ID) that is acknown of ID, or passport, AN ch must be notarized	wledged in the notary statemen ID d. If the notary statement appe	ars 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									
		on (date)							
personally appeared,(signer), and proved to me on basis of satisfactory evidence of identification									
(type of ID)to be the above-named person who signed the foregoing instrument.									

(SEAL)

______WITNESS my hand and official seal

My commission expires on (Date)_____

(Notary Signature)