

2025-2026 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)2023 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.

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

Independent Student: List yourself, your spouse/contributor (if married), your children, your spouse's/contributor's children and anyone else in your household you will provide more than half of their support from July 1, 2025, through June 30, 2026. Do NOT include foster children. Attach a separate sheet if necessary.

Dependent Student: List your parents/stepparents/contributors, any siblings, and anyone else in your household that your family provides more than half their support from July 1, 2025, through June 30, 2026. Do not include foster children. Attach a separate sheet if necessary.

Full Name	Age	Relationship			
SECTION 2 – Verification of 2023 Household Income Infor	mation				
Dependent Students					
Check the box that applies to the STUDENT					
The student is <u>unable</u> to use the DDX on the FAFSA and instead will provide the school with a signed and dated copy of their 2023 Federal Tax Return or their Tax					
Return Transcript from the IRS	the names of all o	mployers, the amount earned from each employer in 2022, and whether an IPS			
The student was employed in 2023 and has listed on the next page the names of all employers, the amount earned from each employer in 2023, and whether an IRS W-2 form or equivalent document is provided. Provide					
copies of all 2023 IRS W-2 forms issued to the student by their employer in the 2023 Employer Income box. List all employers even if the employer did not issue an					
IRS W-2 form.					
The student was NOT employed and had not income earned from	ı work in 2023.				
Check the box that applies to the PARENT(S)/CONTRIBUTOR(S)					
The parent(s)/contributor(s) is/are unable to use the DDX on the FAFSA and instead will provide the school with a signed and dated copy of their 2023 Federal Tax					
Return or their Tax					
Return Transcript from the IRS.					
If the parent(s)/contributor(s) filed separate 2023 IRS income tax returns, the DDX cannot be used and a copy of the signed and dated 2023 Federal Tax Returns or					
Tax Return Transcripts must be provided for each parent in the household.					
One or both parents/contributors were employed n 2023 and have listed below the names of all employers, the amount earned from each employer in 2023, and					
whether an IRS W-2 form or an equivalent document is provided. Provide copies of all 2022 IRS W-2 forms issued to the parent(s) by their employer in the 2023					
Employer Income box. List all employers even if the employer did not issue an IRS W-2 form. Neither parent/contributor was employed nor had income earned from work in 2023.					
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Independent Students					
Check the box that applies to the STUDENT AND SPOUSE/CONTRIBUTOR (if married)					
The student and spouse/contributor, if married, are unable to use the DDX on the FAFSA and instead will provide the school with a signed and dated copy of their					
2023 Federal Tax Return or their Tax Return Transcript from the IRS.					
The student and/or spouse/contributor (if married) was employed in 2023 but not required to file taxes. Please list on the next page the names of all employers, the					
Amount earned from each employer in 2023, and whether an IRS W-2 form or an equivalent document is provided. Provide copies of all 2022 IRS W-2 forms issued					
to the student and/or spouse/contributor (if married) by their employer in the 2023 Employer Income box. List all employers even if the employer did not issue an					
IRS W-2 form.					
The <u>student</u> was NOT employed and had no income earned from work in 2023.					
The <u>spouse/contributor</u> was NOT employed and had no income earned from work in 2023.					

Last Name:

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	2023 Emplo	oyer Income	
Employer's Name	IRS W-2 or an Equivalent Document Provided?	Student Annual Amount Earned in 2023	Spouse/Contributor or Parent/Contributor Annual Amount Earned in 2023
Tatal Are		<u> </u>	ć
lotal Am	ount of Income Earned from Work	\$	\$
The student and/or spore regardless of whether income work on or after October 1, 2023 is also Check here if Verification of Non-Filin Check here if Verification of Non-Filin	ng status if provided.	ing status letter from the IRS or o	otid was not required to file taxe other relevant tax authority dated
	Sign This	<u>Worksheet</u>	
Each person signing below ce parent/contributor are requir purposely give false or mislea	rtifies that all the information re ed to sign and date, but the spo ding information, you may be fir	ported is complete and correc use's/contributor's signature i ned, be sentenced to jail, or bo	rt. The student and s optional. WARNING: If you oth.
Student Signature (Required):		Date:	
Parent/Contributor Signature (R	equired):	Date:_	
Spouse/Contributor Signature (C	Optional):	Date:	

Identify and Statement of Educational Purpose

Only to be signed AT THE INSTITUTION or in the presence of a NOTARY PUBLIC

			1				
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:			STUDENT You, the student must appear in person at East Central College to verify your identify by presenting an <u>unexpired</u> 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. I certify that I, (Print Student's Name) am the individual signing this Statement of Education Purpose and that the Federal student financial assistance I may received will only be used for educational purposes and to pay the cost of attending East Central College for 2025-26. STUDENT'S SIGNATURE				
Place ID here and copy BEFORE student signs							
If you	u are unable to be pr	esent at East Central Colle	ge: Notary's Certifica	ate of Acknowledgem	ent (below)		
 If you, the student, are unable to appear in person at East Central College to verify your identity, you must provide: A copy of your unexpired, valid government-issued phot 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 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 ofC	City/County of	on (date)	before me, (Not	tary's name)	,		
personally appeared,	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 th	ne foregoing instrume	nt.		
WITNESS my hand and official seal							
(Notary Signature)							
My commission expire	es on (Date)		_	(SEAL)			