

2017-2018 Verification Worksheet

Dependent Student – Tracking Group V5

Your 2017-18 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid office at East Central Community College. You may be asked for additional information. If you have questions about verification, contact your financial aid office as soon as possible so that your financial aid will not be delayed.

Section A: Student Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number	
Student's Street Address (inc	lude apt. no.)		Student's Date of Birth	
City	State	Zip Code	Student's Email Address	
Student's Phone Number (inc	clude area code)		Student's ECCC ID Number	

Section B: Family Information

List below the people in your household including:

- Yourself
 - Your parent(s)
 - If your parent is widowed or single, list that parent on this form.
 - If your legal parents (biological and/or adoptive) are married to each other, **OR** are unmarried <u>and</u> living together, list both legal parents below regardless of their gender. *Do not include any person who is not married to your parent and who is not a legal or biological parent.*
 - o If your legal parent has married/remarried, list your legal parent and your stepparent below.
 - If your legal parents are separated or divorced, list only the parent you lived with more in the past 12 months. If you did not live with either parent, or you lived with each parent an equal number of days, your parent is the one who provided more support in the most recent 12-month period. Support means gifts, loans, housing, food, clothing, car, money, medical and dental care, payment of college costs, etc.
- Your parents' other children, even if they don't live with your parent(s). If (a) your parent will provide more than half of their support from July 1, 2017 through June 30, 2018, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

Write the names of all household members in the space(s) below. Also write the name of the college for any household member who will be attending at least halftime between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma or certificate program. *If you need more space, attach a separate page with the student's name and Social Security Number at the top.*

Full Name	Age	Relationship	College
		Self	East Central Community College

Section C: Parent Tax Information

_____ Parent(s) has/have completed the data match using the IRS Data Retrieval Tool at www.fafsa.gov.

_____ Parent(s) is/are providing a 2015 IRS Tax Return Transcript. (Visit www.irs.gov to order or print online.)

_____ The parent(s) was/were not employed and had no income earned from work in 2015.

_____ Parent(s) is/are not required to file a 2015 IRS Tax Return. List the employer's name and sources of income below and provide ALL W2s issued to parent(s).

Employer's Name/Source of Income	2015 Amount Earned/Received	2015 W-2 Attached?

NOTE: We may require you to provide documentation from the IRS that indicates a 2015 IRS income tax return was not filed with the IRS.

Section D: Student Tax Information

_____ Student has completed the data match using the IRS Data Retrieval Tool at www.fafsa.gov.

_____ Student is providing a 2015 IRS Tax Return Transcript. (Visit <u>www.irs.gov</u> to order or print online.)

The student was not employed and had no income earned from work in 2015.

_____ Student is not required to file a 2015 IRS Tax Return. List the employer's name and sources of income below and provide ALL W2s issued to parent(s).

Employer's Name/Source of Income	2015 Amount Earned/Received	2015 W-2 Attached?

NOTE: We may require you to provide documentation from the IRS that indicates a 2015 IRS income tax return was not filed with the IRS.

Section E: High School Completion Status

One of the following documents must be provided to the Admissions Office that will indicate the student's high school completion status when the student begins college in 2017-2018:

A copy of the student's final official high school transcript, showing the date that a high school diploma was awarded.

A copy of the student's General Education Development (GED) certificate or GED transcript.

An academic transcript indicating successful completion of at least a two-year program that is acceptable for full credit toward a Bachelor's degree.

The student was homeschooled and the student's home state law requires a student to obtain a secondary school completion credential. A copy of that credential has been submitted to ECCC's Admission's Office.

Section F: Certification and Signatures

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, PROSECUTED FOR FRAUD, SENTENCED TO JAIL, AND/OR FACE OTHER CHARGES, AND WILL HAVE TO REPAY ANY FINANCIAL AID FUNDS YOU RECEIVED.

By signing this worksheet, I (we) certify that all information reported to qualify for student financial aid is complete and correct, and I (we) have attached all documentation as required to this statement.

The student and one parent (one listed on both FAFSA and in the household on this worksheet) must sign and date.

Student Signature

Date

Parent Signature

Date

**If you are unable to bring this completed document to the East Central Community College Financial Aid office, please complete the next portion of this form in front of a notary. **

Section G: Identity and Statement of Educational Purpose

SECTION G is ONLY to be completed in person at the Institution or in front of a Notary.

The student must appear in person at East Central Community College to verify his or her identity by presenting a valid governmentissued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the office at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Education Purpose provided below. *If you cannot appear in person to sign this Statement of Educational Purpose, you will need to provide a copy of your government issued ID and this Statement of Educational Purpose notarized by a public notary*.

STATEMENT OF EDUCATION PURPOSE

before me, personally appeared, (printed name of signer) and proved to me on basis of satisfactory evident of identification to be the above-name	I certify that I			
	(Printed	Student's Name)		
(Name of Postsecondary Educational Institution) Student's Signature Date Financial Aid Administrator's Signature Date Notary's Certificate of Knowledge Date State of City/County of on on pefore me, personally appeared, (printed name of signer) und proved to me on basis of satisfactory evident of identification to be the above-name (Type of government-issued photo ID provided) to be the above-name (Type of government-issued photo ID provided) WITNESS my hand and official seal	and that the Federal student financial assis	stance I may receive will only be us	sed for educational purposes and to pay the cost o	of attending
Student's Signature Date Financial Aid Administrator's Signature Date Notary's Certificate of Knowledge State of on State of on before me, personally appeared, (Notary's Name) (Notary's Name) (Notary's Name) (Type of government-issued photo ID provided) person who signed the foregoing instrument. WITNESS my hand and official seal				for 2017-2018.
Notary's Certificate of Knowledge State of City/County of on before me, personally appeared, (Notary's Name) (printed name of signer) und proved to me on basis of satisfactory evident of identification to be the above-name of signer) (Type of government-issued photo ID provided) berson who signed the foregoing instrument. WITNESS my hand and official seal	()	Jame of Postsecondary Educational	l Institution)	
State of City/County of on personally appeared, (Notary's Name) (printed name of signer) and proved to me on basis of satisfactory evident of identification to be the above-name (Type of government-issued photo ID provided) person who signed the foregoing instrument. WITNESS my hand and official seal	Student's Signature	Date	Financial Aid Administrator's Signature	Date
before me, personally appeared, (printed name of signer) and proved to me on basis of satisfactory evident of identification to be the above-name		Notary's Certif	icate of Knowledge	
(Notary's Name) (printed name of signer) and proved to me on basis of satisfactory evident of identification to be the above-name (Type of government-issued photo ID provided) berson who signed the foregoing instrument. WITNESS my hand and official seal	State of	City/County of		on
and proved to me on basis of satisfactory evident of identification			ersonally appeared,	
(Type of government-issued photo ID provided) berson who signed the foregoing instrument. WITNESS my hand and official seal	(Notary's Name)		(printed	name of signer)
WITNESS my hand and official seal	nd proved to me on basis of satisfactory evident of identification			to be the above-named
	person who signed the foregoing instrument.			
(Notary Signature) (Date Commission Expires)	WITNESS my hand and official seal			
		(Notary Signature)		(Date Commission Expires)
(Seal)	(Seal)			

This form should be submitted to the East Central Community College Financial Aid Office. It may be mailed, emailed, faxed, or brought into our office.

East Central Community College Financial Aid Office P O Box 129 Decatur, MS 39327 PH 601-635-6326 FAX 601-635-5216

East Central Community College is an equal educational and employment opportunity provider.