

2018-2019 Verification Worksheet

Independent Student – Tracking Group V5

Your 2018-19 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 I	nformation				
Student's Last Name	Student's First Name		Student's M.I.	Student's Social Security Number	
Student's Street Address (include apt. no.)				Student's Date of Birth	
City	State		Zip Code	Student's Email Address	
Student's Phone Number (include area code)				Student's ECCC ID Number	
Section B: Family In	formation				
 Your children, if your children, if your children was of the provide more than Write the names of all house time between July 1, 2018 ar 	y now live with you and your spothalf of their support from July 1, 2 nold members in the space(s) below	ouse (if applicable) 2018 through June ow. Also write the	AND you or your spous 30, 2019.	ne 30, 2019, even if they don't live with you, and se provide more than half of their support and will continue to any household member who will be attending at least half-gram. If you need more space, attach a separate page with	
Full	Name	Age	Relationship	College	
			Self	East Central Community College	
C-4' C- C414 T	I G 4*				
Section C: Student T CHECK ONLY ONE: Student and/or spouse h	ax Information as/have completed the data mat	ch using the Data F	Retrieval Tool at <u>www.f</u> a	afsa.gov.	
Student and/or spouse is	s/are providing a 2016 IRS Tax Re	turn Transcript. (Vi	sit www.irs.gov to orde	r or print online.)	
	ise was not employed and had no ed on or after October 1, 2017 tha			s submitted or will submit a "Verification of Nonfiling eturn.	
	nd has submitted or will submit a			and sources of income below and provide ALL W2s issued to e IRS dated on or after October 1, 2017 that they did not file a	

Employer's Name/Source of Income	2016 Amount Earned/Received	2016 W-2 Attached?	
		YES or NO	
		YES or NO	
		YES or NO	

Student Name:		Student ECCC ID Number:			
Section D: High School Complet	ion Status				
One of the following documents must be provide		at will indicate the student's high school completion sta	itus when the student begins		
college in 2018-2019.	al high school transcript, showin	ng the date that a high school diploma was awarded.			
		SE) certificate or GED/HSE transcript.			
A copy of the student's academic t Bachelor's degree.	ranscript indicating successful c	ompletion of at least a two-year program that is accepta			
The student was homeschooled and credential has been submitted to E	I the student's home state law re CCC's Admission's Office.	equires a student to obtain a secondary school completion	on credential. A copy of that		
Section E: Certification and Sig	natures				
	INFORMATION ON THIS WORKSHI	WARNING: EET, YOU MAY BE FINED, PROSECUTED FOR FRAUD, SENTE AY ANY FINANCIAL AID FUNDS YOU RECEIVED.	NCED TO JAIL, AND/OR FACE OTHER		
By signing this worksheet, I (we) certify nave attached all documentation as require student must sign and date this form.		ted to qualify for student financial aid is comp	elete and correct, and I (we)		
Student Signature	Date	Spouse Signature (optiona	ıl) Date		
Section F: Identity and Stateme					
		ne Institution or in front of a Notary.**			
the office at the institution authorized to official, the Statement of Education Purp	collect the student's ID. In a cose provided below. <i>If you</i>	e institution with the date it was received and revaddition, the student must sign, in the presence of cannot appear in person to sign this Statement of ID and this Statement of Educational Purpose	the institutional of Educational		
	STATEMENT OF	EDUCATION PURPOSE			
I certify that I		am the individual signing this Statement of	Educational Purpose		
(Printed	Student's Name)				
and that the Federal student financial assis	stance I may receive will only b	e used for educational purposes and to pay the cost of a	ttending		
	V	To effection	_ for 2018-2019.		
(r	Name of Postsecondary Education	onai institution)			
Student's Signature	Date	Financial Aid Administrator's Signature	Date		
	Notary's Certifi	cate of Acknowledgement			
State of	City/County o	f	on		
before me,		personally appeared,	(Date)		
(Notary's N	ame)	(printed na	ame of signer)		
and proved to me on basis of satisfactory evid	ent of identification		to be the above-named		
person who signed the foregoing instrument.		(Type of government-issued photo ID provided)			
WITNESS my hand and official seal					
,	(Notary Signature)	(1	Date Commission Expires)		
(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