

2020-2021 Verification Worksheet

Independent Student - Tracking Group V5

Your 2020-21 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 spouse (if married) 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 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	Information				
Student's Last Name	Student's First Name		Student's M.I.	Last 4 digits of Student's Social Security Number	
Student's Street Address (inc	lude apt. no.)			Student's Date of Birth	
City	State	<u></u>	Zip Code	Student's Email Address	
Student's Phone Number (include area code)				Student's ECCC ID Number (Required)	
Section B: Family In	nformation				
 Your children, if you w Other people if they n provide more than hai Write the names of all house	ow live with you and your spouse If of their support from July 1, 20 Phold members in the space(s) be	e (if applicable) ANE 120 through June 30 elow. Also write the	O you or your spouse pr , 2021. e name of the college fo	0, 2021, even if they don't live with you, and ovide more than half of their support and will continue to r any household member who will be attending at least halfogram. If you need more space, attach a separate page with	
	ial Security Number at the top. 1 Name	Age	Relationship	College	
			Self	East Central Community College	
Section C: Student T	ax Information				
CHECK ONLY ONE:					
Student and/or spouse h	nas/have completed the data ma	tch using the Data F	Retrieval Tool at <u>www.fa</u>	<u>ifsa.gov</u> .	
Student and/or spouse i	s/are providing a 2018 IRS Tax Re	eturn Transcript or <u>s</u>	igned copy of the 2018	IRS Tax Return. (Visit www.irs.gov to order or print online.)	
	use was not employed and had no ed on or after October 1, 2019 tha			es submitted or will submit a "Verification of Nonfiling eturn.	
	and has submitted or will submit			and sources of income below and provide ALL W2s issued to e IRS dated on or after October 1, 2019 that they did not file	

Employer's Name/Source of Income	2018 Amount Earned/Received	2018 W-2 Attached?
		YES or NO
		YES or NO
		YES or NO

Student Name:		Student ECCC ID Nur	mber:			
Section D: High School Completion	Status					
One of the following documents must be provided college in 2020-2021.	to the Admissions Office that wi	Il indicate the student's high school completion state	us when the student begins			
• 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/HSE) certificate or GED/HSE transcript. A copy of the student's 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 E: Certification and Signat	tures					
	DRMATION ON THIS WORKSHEET, Y	NING: OU MAY BE FINED, PROSECUTED FOR FRAUD, SENTENCI IY FINANCIAL AID FUNDS YOU RECEIVED.	ED TO JAIL, AND/OR FACE OTHER			
By signing this worksheet, I (we) certify that have attached all documentation as require		to qualify for student financial aid is comple	te and correct, and I (we)			
The student must sign and date this form.						
Student Signature	Date	Spouse Signature (optional)	Date			
Section F: Identity and Statement	of Educational Purpos	e				
SECTION F is ONLY to be com	pleted in person at the I	nstitution or in front of a Notary.				
		verify his or her identity by presenting an une				
		a driver's license, other state-issued ID, or pass				
		stitution with the date it was received and rev ddition, the student must sign, in the presence				
		not appear in person to sign this Statement of				
		and this Statement of Educational Purpose no				
notary.	,	,				
	STATEMENT OF EDU	UCATION PURPOSE				
I certify that I		am the individual signing this Statement of Edu	ucational Purpose			
(Printed Stud	dent's Name)					
14 44 5 1 1 4 1 4 5 1 1 4	,	16 1 2 1 1 1 1 1 1 1 1 1 1 1	T. F. (C.)			
and that the Federal student financial assistant Community College for 2020-2021.	,	d for educational purposes and to pay the cost of atte	nding East Central			
Community College for 2020-2021.	ce I may receive will only be use					
	,	d for educational purposes and to pay the cost of atte	nding East Central Date			
Community College for 2020-2021.	Date					
Community College for 2020-2021.	Date Notary's Certificate	Financial Aid Administrator's Signature of Acknowledgement	Date			
Community College for 2020-2021. Student's Signature State of before me,	Date Notary's Certificate City/County of perse	Financial Aid Administrator's Signature of Acknowledgement or onally appeared,	Date (Date)			
Community College for 2020-2021. Student's Signature State of	Date Notary's Certificate City/County of person	Financial Aid Administrator's Signature of Acknowledgement or	Date (Date)			
Community College for 2020-2021. Student's Signature State of before me,	Date Notary's Certificate City/County of person of identification	Financial Aid Administrator's Signature of Acknowledgement or onally appeared,	Date (Date)			

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

(Date Commission Expires)

(Notary Signature)

person who signed the foregoing instrument.

WITNESS my hand and official seal

(Seal)

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