

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.

STUDENT LAST NAME	STUDENT FIRST NAME	Student ID#		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, 2024 through June 30, 2025. 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, 2024 through June 30, 2025. Do not include foster children. Attach a separate sheet if necessary.

Full Name	Age	Relationship
	·	
	·	
SECTION 2 – Verification of 2022 Household Income Infor	mation	
Dependent Students		
Check the box that applies to the STUDENT		
	ill provide the schoo	ol with a signed copy of their 2022 Federal Tax Return or their 2022 Tax Return
Transcript from the IRS		
	e the names of all e	mployers, the amount earned from each employer in 2022, and whether an IRS
W-2 form or equivalent document is provided. Provide	playar in the 2022 (Employer Income box. List all employers even if the employer did not issue an
IRS W-2 form.		inployer income box. List an employers even in the employer did not issue an
The student was NOT employed and had not income earned from	ı work in 2022.	
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 F	FAFSA and instead w	vill provide the school with a signed copy of their 2022 Federal Tax
Return or their Tax		
Return Transcript from the IRS.		
		nnot be used and a copy of the signed 2022 Federal Tax Returns or 2022 Tax
Return Transcripts must be provided for each parent in the house		ames of all employers, the amount earned from each employer in 2022, and
		2022 IRS W-2 forms issued to the parent(s) by their employer in the 2022
Employer Income box. List all employers even if the employer did		
Neither parent/contributor was employed nor had income earned		
Independent Students		
Check the box that applies to the STUDENT AND SPOUSE/CONTRIBU		
	the DDX on the FAI	FSA and instead will provide the school with a signed copy of their 2022
Federal Tax Return or their Tax Return Transcript from the IRS.		
		quired to file taxes. Please list on the next page the names of all employers, the
		r an equivalent document is provided. Provide copies of all 2022 IRS W-2 forms is ued e 2022 Employer Income box. List all employers even if the employer did not issue an
IRS W-2 form.	nen employer in the	2022 Employer moone box. List an employers even if the employer did not issue an
The student was NOT employed and had no income earned from	work in 2022.	
The spouse/contributor was NOT employed and had no income e		2022.

Last Name:

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	2022 Emplo	oyer 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 An	nount of Income Earned from Work	\$	\$
Iote: If the student and/or speed and the student and/or speed and the student	required to file a 2022 tax return	parent/contributor in the housel ing status letter from the IRS or o	nold was not required to file tax other relevant tax authority dat
	Sign This	<u>Worksheet</u>	
ach person signing below ce arent/contributor are requi urposely give false or mislea	ertifies that all the information re red to sign and date, but the spo ading information, you may be find	ported is complete and correc use's/contributor's signature i ned, be sentenced to jail, or bo	t. The student and s optional. WARNING: If you oth.
Student Signature (Required):_		Date:	
_			
	an an dan the	Deter	
	ependent) :		

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			
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. Don't think its a requirement						
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		STUDENT 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				
	ONS TO AUTHORIZED CO D here and copy BEFORE s		following Statement of Educational Purpose. Statement of Educational Purpose I certify that I,		tion Purpose and that the d will only be used for	
If y	you are unable to be pres	ent at East Central Colle	ege: Notary's Certificat	e of Acknowledgement	(below)	
a) A copy of	unable to appear in person at your unexpired, valid govern ch as, but not limited to a driv	ment-issued phot identificat	ion (ID) that is acknowledge		that is presented to a	
	al Statement of Educational I nent of Educational Purpose, t					
THIS STATEMENT & COPY OF ID MUST BE SUBMITTED TO EAST CENTRAL COLLEGE IN ORIGINAL PAPER FORM						
State of	_City/County of	on (date)	before me, (Nota	ry's name)	<i>,</i>	
personally appeare	d,(signer)	, ar	nd proved to me on basi	s of satisfactory evidence	e of identification	
(type of ID)		_to be the above-named	d person who signed the	e foregoing instrument.		
		WITNESS my han	nd and official seal			
(Notary Signature)						
My commission exp	bires on (Date)			(SEAL)		

SUBMIT FORM TO: Financial Aid Office | finaid@eastcentral.edu | fax 636-584-6588 | 1964 Prairie Dell Road - Union, MO 63084