

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 AND NUMBER IN COLLEGE							
INSTRUCTIONS FOR <i>DEPENDENT</i> STUDENTS: <----OR---->			INSTRUCTIONS FOR <i>INDEPENDENT</i> STUDENTS:				
List below the people in the <u>parent's</u> household. Include:			List below the people in the student's household. Include:				
- <u>student</u>			- <u>student &amp; student's spouse</u> if married				
- <u>parents</u> (including <u>stepparent</u> ) even if student does not live with the parents			- <u>student's and/or spouse's children</u> if the student or spouse will provide more than 1/2 of the children's support from July 1, 2020 through June 30, 2021, even if the child does not live with the student				
- <u>parent's other children</u> if the parents will provide more than 1/2 their support from July 1, 2020 through June 30, 2021, or if they would be required to provide parental information if they were completing the 2020-21 FAFSA. Include children who meet either of these standards even if not living with parents			- <u>other people</u> if they now live with the student and the student or spouse provides more than 1/2 of the other person's support and will continue to provide more than 1/2 of that person's support through June 30, 2021				
- <u>other people</u> if they now live with the parents and parents provide more than 1/2 their support between July 1, 2020 and June 30, 2021							
Number in College: Also include in the space below information about any household member (see above for definitions) who is, or will be, enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary institution any time between July 1, 2020 and June 30, 2021. Include the name of the college							
Full Name	Age	Relationship	College Currently Attending (at least half-time)				
		Self	East Central College				
SECTION 2 - TAXES (check the box for student and, if applicable, spouse or parent(s) that applies)							
Filed a 2018 Federal Tax Return with the IRS and "linked" taxes using the IRS Data Retrieval Tool or provided a <u>signed copy of their 2018 Tax Return</u> Date linked : _____							
<input type="checkbox"/>	Student	<input type="checkbox"/>	Spouse (if married)	<input type="checkbox"/>	Parent 1 (if dependent)	<input type="checkbox"/>	Parent 2 (if dependent)
Will not file <u>and are not required</u> to file a 2018 tax return with the IRS, but <b>WAS EMPLOYED</b> IN 2018 = Parent(s) and Independent student(s) must provide the 2018 IRS "Verification of non-filer letter" and all 2018 W2's.							
<u>Dependent Student(s)</u> must list all sources of 2018 income below.							
<input type="checkbox"/>	Student	<input type="checkbox"/>	Spouse (if married)	<input type="checkbox"/>	Parent 1 (if dependent)	<input type="checkbox"/>	Parent 2 (if dependent)
Will not file <u>and are not required</u> to file a 2018 tax return with the IRS, and <b>WAS NOT EMPLOYED</b> in 2018 =Parent(s) and Independent student(s) must submit the 2018 IRS "Verification of non-filer letter".							
<input type="checkbox"/>	Student	<input type="checkbox"/>	Spouse (if married)	<input type="checkbox"/>	Parent 1 (if dependent)	<input type="checkbox"/>	Parent 2 (if dependent)
FOR NON-TAX FILERS: List the name of each employer, amount earned in 2018 & whether a W-2 form is attached.							
STUDENT/SPOUSE 2018 INCOME FROM WORK		W2 attachd?		PARENT(S) 2018 INCOME FROM WORK		W2 attachd?	
Source:	\$	<input type="checkbox"/>		Source:	\$	<input type="checkbox"/>	
Source:	\$	<input type="checkbox"/>		Source:	\$	<input type="checkbox"/>	
Source:	\$	<input type="checkbox"/>		Source:	\$	<input type="checkbox"/>	
Total Income from Work	\$			Total Income from Work	\$		
CERTIFICATION							
EACH PERSON SIGNING CERTIFIES THAT ALL OF THE INFORMATION REPORTED IS COMPLETE & CORRECT		X _____		X _____			
		STUDENT SIGNATURE		DATE		PARENT SIGNATURE	
						DATE	

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Submit form to: Financial Aid Office | [finaid@eastcentral.edu](mailto:finaid@eastcentral.edu) | fax 636-583-6651 | call 636-584-6588 | 1964 Prairie Dell Road, Union, MO 63084