Edgecombe Community College

2016-2017 Independent V4 Verification Worksheet

Your 2016-2017 FAFSA was selected for review in a process called **"Verification."** This process requires the Financial Aid Office to compare the information reported on your FAFSA with the information on this worksheet and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding and/or disbursing federal student aid. **Your eligibility for financial aid cannot be determined until the verification process is complete.**

You must complete and sign this worksheet, attach any required documentation and submit the completed package to the ECC Financial Aid Office. If you were married or remarried on the day you signed your FAFSA, you must also provide information for your spouse. If there are discrepancies between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections.

Additional information may be needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

Student Name: _____ **ECC ID #:**_____

E-mail Address: _____

* Your **household** includes you, your spouse *(if you were married on the day your completed your FAFSA),* and your or your spouse's children IF you or your spouse will provide more than half of the their support* from July 1, 2016 through June 30, 2017, even if the children do not live with you and your spouse. Include other people only if they now live with you AND you or your spouse provide more than half of their support * AND will continue to provide more than half of their support* through June 30, 2017.

***Support includes money, gifts, loans, housing, food, clothing, transportation, medical/dental care, college tuition, etc.**

A. SNAP BENEFITS

I and/or a member of my household received benefits from SNAP (Supplemental Nutrition Assistance Program) during the 2014 or 2015 calendar year.

☐ Yes ☐ No

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation.

B. CHILD SUPPORT PAID

I and/or a member of my household **PAID** child support in 2015

☐ **Yes** ☐ **No**

If **YES**, list below the TOTAL amount of child support paid in 2015 due to divorce or separation or as a result of a legal requirement. **Don't include** support paid for children who are included in the household size on the FAFSA or support that was ordered by the court but not actually paid in 2015.

Name of Person Who Paid Child Support	Name of Person Who Received the Child Support	Name of Child for Whom Support Was Paid	Amount Paid in 2015

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require documentation

➔Continued on Reverse

C. HIGH SCHOOL COMPLETION STATUS

A sealed copy of your final ***official*** high school transcript showing graduation from an approved high school OR official High School Equivalency scores must be on file with the Office of Admissions and Records.

Please disregard if you have already submitted your transcript to Student Services.

D. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

You are required to appear in person at Edgecombe Community College to verify your identity. You must present a valid government issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport **AND** complete the attached ***Identity and Statement of Educational Purpose*** form in the presence of a Financial Aid representative or notary.

E. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported on this form is complete and correct. The student's signature and date are required.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

_____ _____

Student's Signature Date

_____ _____

Spouse's Signature *(optional)* Date

2016-2017 Identity and Statement of Educational Purpose

Please complete **either** SECTION A below, **or** SECTION B on the back. SECTION A must be signed **in** the Financial Aid Office at Edgecombe Community College. **SECTION B** must be **notarized** and sent to the Financial Aid Office at Edgecombe Community College.

SECTION A – must be signed IN the Financial Aid Office at Edgecombe Community College

The student must appear in person at Edgecombe Community College to verify your identity by presenting valid government-issued 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 this photo ID annotated with the date it was received and the name of the official at Edgecombe Community College authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I_____am the individual
signing this (Print Student Name)
Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Edgecombe Community College for 2016-2017.

_____ _____
(Student Signature) (Date)

_____
(Student ID Number)

For Office Use Only

_____ _____
Financial Aid Administrator **Date**

Tarboro campus: 2009 W. Wilson St., Tarboro, NC 27886 • Phone: (252) 823-5166 • Fax: (252) 823-6817
Rocky Mount campus: 225 Tarboro St., Rocky Mount, NC 27801 • Phone: (252) 823-5166 • Fax: (252) 985-2212
www.edgecombe.edu
Equal Opportunity/Affirmative Action Institution

➔**Continued on Reverse**

SECTION B – must be notarized and sent to the Financial Aid Office at Edgecombe Community College:

If you are unable to appear in person at Edgecombe Community College to verify your identity, you must provide:

(1) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; AND
(2) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I_____am the individual signing this
(Print Student Name)
Statement of Educational Purpose and that the federal student financial assistance
I may receive will only be used for educational purposes and to pay the cost of attending Edgecombe Community College for 2016-2017

_____ _____
(Student Signature) (Date)

_____
(Student ID Number)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On_____, before me,_____,
(Date) (Notary's Printed Name)

personally appeared,_____, and provided me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government –issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal) _____

Notary Signature

My commission expires on_____.

(Date)