



V5 - DEPENDENT

READING AREA COMMUNITY COLLEGE FINANCIAL AID OFFICE
10 South Second Street, P.O. Box 1706
Reading, Pennsylvania 19603-1706
610.607.6225 / FAX: 610.607.6290 / racc.edu

2023-2024
Verification
Worksheet

Your application for financial aid was selected for review by the U.S. Department of Education in a process called verification. We will compare information from your FAFSA with both student and parent(s) 2021 Federal tax return transcripts and this verification worksheet. In accordance with federal law, RACC must receive this information from you before disbursing federal aid. If there are differences between your FAFSA application and these documents, we will electronically correct your FAFSA.

What You Must Do:

- 1. Complete this worksheet in full. Do not leave blanks. The student and at least one custodial parent must sign this form.
2. If you and/or your parent did not use Data Retrieval, please attach the 2021 Federal tax return transcript for the data not received, or attach a signed copy of your tax return. You can call the I.R.S. for a free copy of your tax return transcript at 800-908-9946, or go to their website at www.irs.gov to request them.
3. Submit the completed worksheet with all of the documents to our office within 20 days to expedite financial aid processing.

~ Failure to submit all documents requested will result in the delay or cancellation of any potential financial aid and deregistration of classes.~

Print Student's Last Name First Name M.I.
RACC ID or SSN Date of Birth Phone Number

A. Household Information

List below the name(s) and age(s) of each person that your custodial parent(s) will support between July 1, 2023 & June 30, 2024. Include yourself (the student) even if you do not live with your custodial parent. Include your custodial parent(s). Include your siblings IF your custodial parent will provide more than one-half of their support (they do not have to live with parent (ex. away at college). Include other people IF they now live with your parent(s) AND will continue to live with and receive more than one-half of their support from your parent(s) between July 1, 2023 & June 30, 2024. Include the name of any colleges that any household member listed below (excluding parents) will be attending on at least a half-time basis in an eligible program of study for the 2023-2024 academic year in the column at right:

Table with 4 columns: First Name & Last Name, Age, Relationship to Student, Name of College Attending (between 7.01.23 & 6.30.24). Rows include Student/Self (RACC), Parent 1, Parent 2, and empty rows.

B. STUDENT 2021 INCOME INFORMATION (check only one box below)

1. Check here if you have used IRS Data Retrieval Tool on FASFA to transfer your 2021 IRS income information into your FASFA.

Check here if you are attaching a copy of your 2021 Federal Tax return Transcript including schedules 1, 2, and 3 if applicable.

Check here if you earned income from wages in 2021 but are NOT required to file a 2021 Federal Tax Return. Complete the chart below and submit copies of the W-2 Statement(s).

Employer: _____	Amt: \$ _____
Employer: _____	Amt: \$ _____
Employer: _____	Amt: \$ _____

Check here if you did NOT earn any income from wages in 2021 and are NOT required to file a 2021 Federal Tax Return.

I was incarcerated from _____ until _____.

C. PARENT 2021 INCOME INFORMATION (check only one box below)

Check here if you have used IRS Data Retrieval Tool on FASFA to transfer your 2021 IRS income information into your FASFA.

Check here if you attaching a copy of your parents' 2021 Federal Tax Return Transcript including schedules 1, 2 and 3 if applicable.

Check here if your parents earned income from wages in 2021 but are NOT required to file a 2021 Federal Tax Return. Complete the chart below and submit copies of the W-2 Statement(s). Along with that, please attach a letter of non filing obtained from the IRS.

Employer: _____	Amt: \$ _____
Employer: _____	Amt: \$ _____
Employer: _____	Amt: \$ _____

Check here if you did NOT earn any income from wages in 2021 and are NOT required to file a 2021 Federal Tax Return. Please attach a letter of non filing obtained from the IRS.

I was incarcerated from _____ until _____.

MUST ATTACH PROOF OF ANY AMOUNT LISTED BELOW
Please do not leave any item blank. If it does not pertain to you, enter a Ø or n/a.

2. **Custodial parent current** marital status _____. If separated/divorced/widowed, provide date: _____ and must provide wage statement(s).
3. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). \$ _____ (Do not include on-base or basic military housing.)
4. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____ (Do not include Montgomery G.I. Bill, Dependent Education Assistance Program, VEAP, or Post 9/11 G.I. Bill.)
5. Money received, or bills in your name paid by others, not reported elsewhere on this form. Yes No

Purpose: e.g., Cash, Rent, Books	Amount Received in 2021	Source

6. Did you or anyone listed in Section A of this form, receive benefits in 2021 from any of the federal benefits programs listed?
- Mark all the programs that apply (do not need proof).**
- | | |
|---|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Free or Reduced Price School Lunch | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | |

D. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

If the student is unable to appear in person at Reading Area Community College to verify his/her/their identity, the student must provide:

- a) 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;
- b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this
(Print Student's Name)
 Statement of Education 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
Reading Area Community College for 2023-2024.
(Name of Postsecondary Educational Institution)

(TO BE USED ONLY IF MAILING FORM - NOT RECOMMENDED)

Notary's Certificate

Commonwealth of _____

County of _____

I certify that _____ personally appeared before me and provided to me satisfactory evidence as proof to be the above-named person who signed the foregoing instrument.

In witness whereof, I hereunto set my hand and official seal.

(Notary signature)

(Date)

Signatures

X _____
Student

Date

X _____
Custodial Parent

OFFICE USE ONLY:
 Received by: _____ Date: _____
 READING AREA COMMUNITY COLLEGE OFFICE OF FINANCIAL AID

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