



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*

V1 - DEPENDENT

**2021-2022
 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)' 2019 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 parents did not use Data Retrieval**, please attach the 2019 Federal tax return transcripts 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** required 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, 2021 & June 30, 2022. 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, 2020 & June 30, 2022. 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 2021-2022 academic year in the column at right:

First Name & Last Name	Age	Relationship to Student	Name of College Attending (between 7.01.20 & 6.30.21)
		Student/Self	RACC
		Parent 1	XXXXXXXXXXXXXXXXXXXX
		Parent 2	XXXXXXXXXXXXXXXXXXXX

B. STUDENT 2019 INCOME INFORMATION (check only one box below)

1. Check here if you have used IRS Data Retrieval Tool on FASFA to transfer your 2019 IRS income information into your FASFA.
 Check here if you are attaching a copy of your 2019 Federal Tax return Transcript including schedules 1, 2, and 3 if applicable.
 Check here if you earned income from wages in 2019 but are NOT required to file a 2019 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 2019 and are NOT required to file a 2019 Federal Tax Return.
 I was incarcerated from _____ until _____.

C. PARENT 2019 INCOME INFORMATION (check only one box below)

Check here if you have used IRS Data Retrieval Tool on FAFSA to transfer your parents' 2019 IRS income information into your FAFSA.
 Check here if you are attaching a copy of your parents' 2019 Federal Tax Return Transcript including schedules 1, 2, and 3 if applicable.
 Check here if your parents earned income from wages in 2019 but are NOT required to file a 2019 Federal Tax Return. Complete the chart below and submit copies of the W-2 Statement(s). Along with that, 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 2019 and are NOT required to file a 2019 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). \$ _____
4. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____
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 2019	Source

6. Did you, or anyone listed in Section A of this form, receive benefits in 2019-2020 from any of the federal benefits programs listed? **Mark all the programs that apply (do not need proof).**

- Social Security Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
 Free or Reduced Price School Lunch Temporary Assistance for Needy Families (TANF)
 Other:

If you did not file a tax return for 2019 and you did not indicate receiving assistance from any of the programs above, please explain what resources you used to support you/your family in 2019-2020. Please provide documentation or list below, the amount(s) that was/were received on your behalf.

D. Signatures

By signing this worksheet, we certify that all the information reported is complete and correct

X _____ Date _____
 Student

X _____ Date _____
 Custodial Parent

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