



V1 - INDEPENDENT

2021-2022 Verification Worksheet

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

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 your 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. You must sign this form.
2. If you 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 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 you and/or your spouse will support between July 1, 2021 & June 30, 2022. Include yourself, your spouse (if married), and your children if you provide more than one-half of their support. You may include other people IF they now live with you AND will continue to live with and receive more than one-half of their support from you and/or your spouse between July 1, 2021 & June 30, 2022. Include the name of any colleges that any household member listed below 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:

Table with 4 columns: First Name & Last Name, Age, Relationship to Student, Name of College Attending (between 7.01.20 & 6.30.21). Includes a pre-filled row for Student/Self at RACC.

B. STUDENT/SPOUSE 2019 INCOME INFORMATION

1. Current marital status _____. If separated/divorced/widowed, provide date: _____ and must provide wage statement(s).

2. (check only one box below):

Check here if you (and/or your spouse) have used IRS Data Retrieval Tool on FASFA to transfer your 2019 IRS income information into your FASFA.

Check here if you (and/or your spouse) 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). Along with that, please attach a letter of non filing obtained from the IRS.

Employer: _____ Amt: \$ _____

Employer: _____ Amt: \$ _____

Employer: _____ Amt: \$ _____

Check here if you and/or your spouse 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.

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 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.

C. Signatures

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

X _____ Date _____

Student

X _____ Date _____

Spouse

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