



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*

V5 - DEPENDENT

2019-2020 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)' 2017 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 2017 Federal tax return transcripts for the data not received, or attach a signed copy of your tax return. You can phone 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, 2019 & June 30, 2020. 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, 2019 & June 30, 2020. 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 2019-2020 academic year in the column at right:

First Name & Last Name	Age	Relationship to Student	Name of College Attending (between 7.01.19 & 6.30.20)
		Student/Self	RACC
		Parent 1	XXXXXXXXXXXXXXXXXXXXXXXXXX
		Parent 2	XXXXXXXXXXXXXXXXXXXXXXXXXX

B. STUDENT 2017 INCOME INFORMATION (check only one box below)

1. Check here if you have used IRS Data Retrieval Tool on FAFSA to transfer your 2017 IRS income information into your FAFSA.
- Check here if you are attaching a copy of your 2017 Federal Tax Return Transcript and/or other financial documents.
- Check here if you earned income from wages in 2017 but are NOT required to file a 2017 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 2017 and are NOT required to file a 2017 Federal Tax Return.
- I was incarcerated from _____ until _____.

C. PARENT 2017 INCOME INFORMATION (check only one box below)

- Check here if you have used IRS Data Retrieval Tool on FAFSA to transfer your parents' 2017 IRS income information into your FAFSA.
- Check here if you are attaching a copy of your parents' 2017 Federal Tax Return Transcript and/or other financial documents.
- Check here if your parents earned income from wages in 2017 but are NOT required to file a 2017 Federal Tax Return. Complete the chart below and submit copies of the W-2 Statement(s). Along with that, please provide verification of non filing from the IRS.
- Employer:** _____ **Amt:** \$ _____
- Employer:** _____ **Amt:** \$ _____
- Employer:** _____ **Amt:** \$ _____
- Check here if you did NOT earn any income from wages in 2017 and are NOT required to file a 2017 Federal Tax Return. Please provide verification of non filing 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 2017	Source

6. Did you or anyone listed in Section A of this form, receive benefits in 2018 from any of the federal benefits programs listed?

Mark all the programs that apply (does not need proof).

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

D. HIGH SCHOOL COMPLETION STATUS

Provide one of the following documents that indicate the student's high school completion status prior to beginning college courses in 2019-2020:

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Educational Development (GED) certificate or GED transcript.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- If state law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If state law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

E. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

If the student is unable to appear in person at Reading Area Community College to verify his or her 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 2019-2020.
(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.