

$\mathbf{V1}$ - DEPENDENT

2020-2021 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 both student and parent(s)' 2018 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.

CICC	electronically correct your FAFSA.										
Wh	at '	Yo	ou Must Do:								
[] 1	l.	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 2018 Federal to 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 <u>ALL</u> required documents to out to expedite financial aid processing.				s to our office within 20 days						
				nents requested will result in the delay or can nancial aid and deregistration of classes.~	ncellation of any						
Print Student's Last Name			ident'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 1,2020 & June 30, 2021. 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, 2021. 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 2020-2021 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	xxxxxxxxxxxxxxxx
		Parent 2	xxxxxxxxxxxxxxxxx

1.	0	Check here if you are attaching a copy of your 2018 Federal Tax Return Transcript and/or other financial documents. Check here if you earned income from wages in 2018 but are NOT required to file a 2018 Federal Tax Return. Complete the chart below								
		Employer:	Amt: \$Amt: \$							
	٥	Check here if you did NOT earn any income from wages in 2018 and are NOT required to file a 2018 Federal Tax Return. I was incarcerated from until								
C.	PARENT 2018 INCOME INFORMATION (check only one box below)									
	0	Check here if you <u>have used</u> IRS Data Retrieval Check here if you are attaching a copy of your Check here if your parents earned income Complete the chart below <u>and submit copies</u> the IRS.	other financial documents. a 2018 Federal Tax Return.							
			Amt: \$							
		* *	Amt: \$							
			Amt: \$							
Check here if you did <u>NOT</u> earn any income from wages in 2018 and are <u>NOT</u> required to file a 2018 Federal Tax Replease provide verification of non filing from the IRS.										
		I was incarcerated from until	<u>_</u> .							
\\/\	IUST ATTACH PROOF OF ANY AMOUNT LISTED BELOW									
		not leave any item blank. If it does not pe								
		•	•	e d						
2.	Custodial parent current marital status If separated/divorced/widowed, provide date: and must provide wage statement(s).									
3.	cash v	value of benefits). \$	embers of the military, clergy, and others(including ca							
4.	Educa	ans noneducation benefits such as Disability, De ational Work-Study allowances. \$								
5.	Money received, or bills in your name paid by others, not reported elsewhere on this form. \square Yes \square No									
	Pui	rpose: e.g., Cash, Rent, Books	Amount Received in 2018	Source						
9.	Did you, or anyone listed in Section A of this form, receive benefits in 2018-2019 from any of the federal benefits programs listed?									
	Mark all the programs that apply (does 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 2018 and you did not indicate receiving assistance from any of the programs that apply (does not need proof).									
	19. Please provide									
	C.									
D.	_	atures gning this worksheet, we certify that al	ll the information reported is complete and	l correct						
		Student	Date							
	X	Custodial Parent	Date							

STUDENT 2018 INCOME INFORMATION (check only one box below)