



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

2020-2021
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 your 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.

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 2018 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 you and/or your spouse will support between July 1, 2020 & June 30, 2021. 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, 2020 & June 30, 2021. 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 2020-2021 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 2018 INCOME INFORMATION**

- Current marital status \_\_\_\_\_ If separated/divorced/widowed, provide date: \_\_\_\_\_ and must provide wage statement(s).
- (check only one box below):

Check here if you (and/or your spouse) have used IRS Data Retrieval Tool on FAFSA to transfer your 2018 IRS income information into your FAFSA.

Check here if you (and/or your spouse) are attaching a copy of your 2018 Federal Tax Return Transcript and/or other financial documents.

Check here if you and/or your spouse earned income from wages in 2018 but are NOT required to file a 2018 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 and/or your spouse did NOT earn any income from wages in 2018 and are NOT required to file a 2018 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.

- 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.)
- 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.)
- 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 2018 | Source |
|----------------------------------|-------------------------|--------|
|                                  |                         |        |
|                                  |                         |        |

- 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 above, please explain what resources you used to support you/your family in 2018-2019. 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.**