

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 / www.racc.edu



Your application for financial aid was selected for review by the U.S. Department of Education in a process called <u>verification</u>. We will compare information from your FAFSA with both student and parent(s)' 2021 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.

| Print Student's Last Name | First Name    | M.I.         |  |
|---------------------------|---------------|--------------|--|
|                           |               |              |  |
| RACC ID or SSN            | Date of Birth | Phone Number |  |

### CHILD SUPPORT PAID

One of the parents included in the student's household, paid child support in 2021. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2021 for each child.

Please complete the table below.

| Name of Person Who Paid<br>Child Support | Name of Person to Whom<br>Child Support was Paid | Name of Child for Whom<br>Support was Paid | Amount of Child<br>Support Paid in 2021 |
|--|--|--|---|
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation such as:

• A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;

- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

#### **SNAP BENEFITS** (FOOD STAMPS)

Indicate yes or no if someone in the student's household received benefits from the Supplemental Nutrition Assistant Program or SNAP (formerly known as food stamps) any time during the 2021 or 2022 calendars years.

🗖 No

Yes. My custodial parent/stepparent received SNAP Benefits in 2021 and/or 2022.

If asked by the student's school, I will provide documentation of the receipt of SNAP Benefits during 2021 and/or 2022.

## **IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**

If the student is unable to appear in person at Reading Area Community College to verify his/her/their 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 financia | l assistance I may receive will only |
| be used for educational purposes and to pay the cost of attending    |                                      |
| Reading Area Community College for 2023-2024.                        |                                      |

(Name of Postsecondary Educational Institution)

# (TO BE USED ONLY IF MAILING FORM - <u>NOT RECOMMENDED</u>) 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

| Х <u> </u> | Student          | Date  |   |
|------------|------------------|---|---|
| Х <u> </u> | 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.

FA 12/22