

# $|\mathbf{V5}$ - 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
<i>verification</i> . 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.
What You Must Do:

[ ] 1. Complete this worksheet in parent must <u>sign</u> this form	n full. Do not leave blanks. The stud	ent and at least one <u>custodial</u>
return transcripts for the data not re	<b>lid not use Data Retrieval,</b> please atta eceived, or attach a signed copy of your return transcript at 800-908-9946, o	our tax return. You can phone
[ ] <b>3. Submit</b> the completed wor expedite financial aid proc	ksheet with <u>all</u> of the documents to essing.	our office within 20 days to
	ocuments requested will result in the delay or ca al financial aid and deregistration of classes.~	ncellation of any
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, 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 2019-2020 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

В.	310	DENT 2018 INCOME INFORMATION (cha	eck only one box below)	
1.		Check here if you <u>have used</u> IRS Data Ret FAFSA.	trieval Tool on FAFSA to transfer your	2018 IRS income information into your
		Check here if you are attaching a copy of	your 2018 Federal Tax Return Transcri	pt and/or other financial documents.
	۵	Check here if you earned income from wa the chart below and submit copies of the V		ile a 2018 Federal Tax Return. Complete
		Employer:	Amt:	\$
		Employer:		
		Employer:		
		Check here if you did <u>NOT</u> earn any incor	ne from wages in 2018 and are <u>NOT</u> re	quired to file a 2018 Federal Tax Return.
		I was incarcerated from until	·	
C.	PAR	ENT 2018 INCOME INFORMATION (check	n only one box below)	
		Check here if you <u>have used</u> IRS Data Retri your FAFSA.	eval Tool on FAFSA to transfer your par	ents' 2018 IRS income information into
		Check here if you are attaching a copy financial documents.	of your parents' 2018 Federal Tax	Return Transcript and/or other
		Check here if your parents earned incom Return. Complete the chart below <u>and sul</u> verification of non filing from the IRS.	9	•
		Employer:	Amt:	\$
		Employer:	Amt:	\$
		Employer:	Amt:	\$
		Check here if you did <u>NOT</u> earn any incom Please provide verification of non filing fr	om the IRS.	uired to file a 2018 Federal Tax Return.
		I was incarcerated from until	·	
		ATTACH PROOF OF ANY AMOUNT LIST o not leave any item blank. If it does not per		
2.	Cust	todial parent current marital status and must provide wage stat	If separated/divorced	d/widowed, provide date:
3.		using, food, and other living allowances ments and cash value of benefits). \$		
4.		erans noneducation benefits such as Dis C) and/or VA Educational Work-Study a Dependent Education Assistance Progr		
5.	Mon	ney received, or bills in your name paid	by others, not reported elsewhere	on this form.   Yes No
	Pur	rpose: e.g., Cash, Rent, Books	Amount Received in 2018	Source
6.		you or anyone listed in Section A of this grams listed?	s form, receive benefits in 2019 fro	m any of the federal benefits
		ck all the programs that apply (does not nee Social Security Free or Reduced Price School Lunch Temporary Assistance for Needy Familie	☐ Special Suppleme for Women, I	ental Nutrition Program (Infants and Children (WIC)

**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 2020-2021:

A copy of the student's high school diploma.

I certify that I, \_\_\_

- 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 quivalent), a copy of that credential.
- If state law does not requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized quivalent), 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**

\_\_\_\_\_, am the individual signing this

(TO BE USED O	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 abo	ve-named person who signed the foregoing instrument.
In witness whereof, I hereunto set my hand	and official seal.
	(Notary signature)
	(Notary signature)
gnatures	
	(Date)
	(Date)
XStudent	(Date)
ignatures  X Student  X Custodial Parent	(Date)

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