



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

2023-2024
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 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.

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 2021 Federal tax return transcripts for the data not received or attach a signed copy of your tax return. You can call 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, 2023 & June 30, 2024. 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, 2023 & June 30, 2024. 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 2023-2024 academic year in the column at right:

Table with 4 columns: First Name & Last Name, Age, Relationship to Student, Name of College Attending (between 7.01.23 & 6.30.24). Includes a row for Student/Self at RACC.

**B. STUDENT/SPOUSE 2021 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 FASFA to transfer your 2021 IRS income information into your FASFA.

Check here if you (and/or your spouse) are attaching a copy of your 2021 Federal Tax return Transcript including schedules 1, 2, and 3 if applicable.

Check here if you earned income from wages in 2021 but are NOT required to file a 2021 Federal Tax Return. Complete the chart below and submit copies of the W-2 Statement(s). Along with that, please attach a letter of non filing obtained from the IRS.

**Employer:** \_\_\_\_\_ **Amt:** \$ \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Amt:** \$ \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Amt:** \$ \_\_\_\_\_

Check here if you did NOT earn any income from wages in 2021 and are NOT required to file a 2021 Federal Tax Return. Please attach a letter of non filing obtained 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 2021	Source

- Did you, or anyone listed in Section A of this form, receive benefits in 2021 from any of the federal benefits programs listed?

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

- |   |   |
|---|---|
| <input type="checkbox"/> Social Security                                | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Free or Reduced Price School Lunch             | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |   |

**C. 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 financial 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 - 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 \_\_\_\_\_  
 Spouse

**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.**