



DCTAG

Supporting Documents Guide

2026-27

Introduction

The purpose of this Supporting Documents Guide is to provide guidance and assistance to DC Tuition Assistance Grant (DCTAG) applicants (students, parents, legal guardians) and community partners who are working to complete the DCTAG application process.

Supporting Documents Checklist

- After successful submission of the DC OneApp, the applicant must upload supporting documents for DCTAG advisors to review.
- The applicant must provide domicile verification, current proof of residency and a processed Free Application for Federal Student Aid (FAFSA) submission summary (FSS).



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

DCTAG Required Supporting Documents Checklist (2026-2027) **DCTAG 2026-2027 APPLICATION DEADLINE: Aug. 21, 2026, at 3 p.m.**

DIRECTIONS: Upload one **Section 1** document, one **Section 2** document, and **Section 3:** 2026-27 FAFSA Submission Summary (FSS) to the DC OneApp. All supporting documents **must be** correctly uploaded at the same time via the DC OneApp.

SECTION 1: DOMICILE VERIFICATION

Upload one of the documents in the list below.

- 2025 Certified D-40 Tax Return from the DC Office of Tax and Revenue (OTR)
- 2025 Certified D-40 Tax Extension (FR-127) **with** 2024 Certified D-40 Tax Return from the DC OTR
- 2025 Filed/Processed D-40 Tax Return (**signed** by parent/legal guardian or independent student)
- 2025 Filed/Processed D-40 Tax Extension (FR-127) **with** 2024 Filed/Processed D-40 Tax Return (**signed** by parent/legal guardian or independent student)
- 2025 Electronic D-40 Tax Return Certification (via dconeapp.dc.gov - select the "D-40 Authorization" tab)
- 12-month (Jan. – Dec. 2025) Child Support Statement
- 12-month (Jan. – Dec. 2025) Retirement/Annuity Statement
- 12-month (Jan. – Dec. 2025) Social Security Disability Income (SSDI) or Social Security Income (SSI)
- 12-month (Jan. – Dec. 2025) Temporary Assistance for Needy Families (TANF)/Supplemental Nutrition Assistance Program (SNAP)/Food Stamp Statement or "TANF/SNAP Authorization Request" Form
- 12-month (Jan. – Dec. 2025) Unemployment Benefits or Worker's Compensation Disability Documentation
- Unaccompanied Homeless Youth Documentation of Independent Student Status (**dated for 2026**); Ward of the Court Letter (**dated for 2026**)

SECTION 2: PROOF OF RESIDENCY

Upload one of the documents in the list below. Document uploaded for Section 2 MUST: 1) Be no older than 45 days, and 2) Include parent/legal guardian's name or independent student's name, date, and address.

- Bank or Mortgage Statement – **credit card statements will not be accepted**
- Pay Stub
- Utility Bill (gas, water, cable, electric, land line phone) – **cell phone bills will not be accepted**
- Utility Letter (from landlord or on rental office letterhead, must state that utilities are included in rent)

SECTION 3: 2026-27 FAFSA Submission Summary (FSS)

- Upload your 2026-27 FAFSA Submission Summary (FSS) to fulfill the Section 3 documentation requirements. Your FSS should include the Student Aid Index (SAI). The FSS can be downloaded from www.fafsa.gov.

REMINDERS FOR ALL DCTAG APPLICANTS:

DCTAG applicants who were not enrolled in a college or university during the most recent academic year, and new DCTAG applicants who previously attended college or returning DCTAG applicants who missed a year or more of DCTAG eligibility may be required to submit domicile verification for previous year(s).

If you have questions about the required supporting documents or believe you have an extenuating circumstance that may affect the submission of your documents, please contact your DCTAG advisor via dconeapp.dc.gov or at (202) 727-2824.

Submission of the documentation on this list does not ensure DCTAG eligibility. Applicant circumstances may vary, and the Office of the State Superintendent of Education (OSSE) may require additional documentation to verify eligibility.



Supporting Documents Checklist

- When the applicant and/or parent/legal guardian submits the supporting documents, a DCTAG advisor reviews and verifies the documents.
- If all supporting documents are accurate, the DCTAG advisor will process the documents and deem the applicant “Eligible” for the award.
- Note: If any supporting document is missing or incorrect, the DCTAG advisor will communicate what is missing or needed for the applicant to be deemed “Eligible.” The applicant then must resubmit ALL supporting documents (not just the missing/inaccurate documents) for their application to be reviewed again.
- The following pages provide examples of the supporting documents applicants can provide to complete the DCTAG application process.

Domicile Verification: Certified D-40 Tax Return

The image shows a screenshot of a tax return form with the following sections:

- Demographics**
 - Prime Information**
 - Name: [Text Box] [Text Box] [Text Box]
 - M. I.: [Text Box]
 - Title: [Text Box] Suffix: [Text Box]
 - Id: Custome [Text Box]
 - Date of Birth: [Text Box] Phone Number: [Text Box]
 - Taxpayer Email: [Text Box]
 - Address: [Text Box]
 - Street 2: [Text Box] Unit Type: [Text Box] Unit: [Text Box]
 - WASHIN: [Text Box] DC: [Text Box] 20008-11: [Text Box]
 - USA: [Text Box]
 - Spouse Information**
 - Name: Last Name [Text Box] Name C [Text Box]
 - First Name [Text Box] M. I. [Text Box]
 - Title [Text Box] Suffix [Text Box]
 - Id: Id Type [Text Box] Id [Text Box]
 - Date of Birth: [Text Box]
- Stamp:**

D C Government
OFFICE OF TAX AND REVENUE (OTR)
Customer Service Administration
APR 08 2025
CERTIFIED - A TRUE COPY
CSA Employee Number CSA019
CSA Employee Initials [Signature]

What to verify:

1. Personal Information – Washington, DC address
2. All certified D-40 tax returns MUST have the Office of Tax and Revenue (OTR) “Certified-True Copy” Stamp
3. Demographics page must be included

Note: All documents are examples and may vary.

Domicile Verification: Certified D-40 Tax Return

What to verify:

1. The tax year
2. Part Year Resident (will require additional documentation)
3. DC Taxable Income
4. All D-40 Tax returns MUST have the OTR “Certified-True Copy” Stamp

Note: All documents are examples and may vary.

2023 D-40

1. Filing Status Source Past Statute

2. Part Year Resident

Healthcare Information

3. Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Income Information

a. Wages, salaries, unemployment compensation and/or tips

b. Business income (or loss)

c. Capital gain (or loss)

d. Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

4. Federal adjusted gross income

Additions to DC Income

5. Franchise tax deducted on federal forms

6. Other additions from DC Schedule

D C Government
OFFICE OF TAX AND REVENUE (OTR)
Customer Service Administration
JUL 21 2025
CERTIFIED - A TRUE COPY
CSA Employee Number: [redacted]
CSA Employee Initials: [signature]

Red arrows point from the list items to the following fields in the form: Item 1 to the '2023 D-40' header; Item 2 to the 'Part Year Resident' section; Item 4 to the 'CERTIFIED - A TRUE COPY' stamp.

Domicile Verification: Certified D-40 Tax Extension (FR-127)

- This can be used if parent/legal guardian is filing an extension for the tax year.
- A certified D-40 Tax Extension (FR-127) along with a certified D-40 Tax Return from the previous year will satisfy the domicile verification requirement

What to verify:

1. The tax year
2. Personal Information – Washington, DC address
3. All D-40 Tax returns MUST have the OTR “Certified-True Copy” Stamp

Note: All documents are examples and may vary.

The image shows a screenshot of a web form titled "FR-127" and a stamped document. The form has several sections: "Tax Year Ending" (set to 31-Dec-2023), "Source" (Web), "Amount submitted" (0), "Vendor ID", "Outside U.S." (checkbox), "Return Already Filed" (checkbox), and "Military Combat Zone" (checkbox). Below this are "Prime Information" and "Spouse Information" sections with fields for Name, Title, Suffix, Id (Customer ID and Social Security), Email Address, Address (Street 2, Unit type, Unit, DC), and Phone Number. The stamped document is from the "D C Government OFFICE OF TAX AND REVENUE (OTR) Customer Service Administration" dated "JUL 03 2024". It includes the text "CERTIFIED - A TRUE COPY", "CSA Employee Number CSA019", and "CSA Employee Initials" with a handwritten signature.

Domicile Verification: Filed/Processed D-40 Tax Return

What to verify:

1. The tax year
2. Personal Information – Washington, DC address
3. Part Year Resident (will require additional documentation)

Note: All documents are examples and may vary.

Government of the District of Columbia 2024 D-40 SUB Individual Income Tax Return

Barcode: 2 4 0 4 0 4 8 1 1 0 3 8
SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1038

Personal Information Mark if: Filing an Amended return. See instructions.

Your telephone number _____

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) _____ Mark if Deceased

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) _____

Your first name _____ M.I. Last name _____

Spouse's/registered domestic partner's first name _____ M.I. Last name _____

Home address (number, street and suite/apartment number (if applicable)) _____

City WASHINGTON State DC Zip Code + 4 _____

Email Address _____

Filing Status

1 Mark only one: Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No
If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Complete your federal return first – Enter your dependents' information on DC Schedule S

Income Information Round cents to nearest dollar. If amount is zero, leave blank. If blank minus, enter amount with 00 or real.

a Wages, salaries, unemployment compensation and/or tips, see instructions.	a	00
b Business income or loss, see instructions.	Mark if loss <input checked="" type="checkbox"/> b	00
c Capital gain or loss.	Mark if loss c	00
d Rental real estate, royalties, partnerships, etc.	Mark if loss d	00

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income, From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 00


Domicile Verification: Filed/Processed D-40 Tax Return

What to verify:

1. DC Taxable Income (D-40 Page 2)
2. Tax Return being signed by parent/legal guardian or independent student

Note: All documents are examples and may vary.

D-40 PAGE 2
 Enter your last name _____
 Enter your TIN _____



2 4 0 4 0 4 8 2 1 0 3 8

Additions to DC Income			
5	Franchise tax deducted on federal forms, see instructions.	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	.00
Subtractions from DC Income			
8	Part year residents, enter income received during period of nonresidence, see instructions.	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, see instructions.	12	.00
13	Unemployment Insurance Benefits, see instructions.	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	.00
17	Deduction type. Take the same type as you took on your federal return. Fill in which type	Standard <input type="checkbox"/> or Itemized <input checked="" type="checkbox"/>	See instructions for amount to enter on Line 17.
18	DC deduction amount.	18	.00
19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss 19	.00
20	Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in <input checked="" type="checkbox"/> if filing separately on same return. Complete Calculation J on Schedule S.	20	.00
21	Credit for child and dependent care expenses. From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	.00 X .32 21	.00
22	Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	22	.00
23	Total non-refundable credits. Add Line 21 and Line 22.	23	.00
24	Subtract Line 23 from Line 20, if less than zero, enter zero.	24	.00
25	DC Health Care Shared Responsibility. See instructions. If fully covered or fully exempt, enter zero.	25	.00
26	Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	26	.00
27	DC Earned Income Tax Credit * Do you choose to receive your DC EITC refund in 12 monthly payments instead of one total payment? If so, see instructions for eligibility.	27a Enter the number of qualified EITC children. 27b Enter earned income amount	27b .00
27c	For filers with qualifying children. Enter calculated federal EIC amount > .00 X .70 Enter result >	27d	.00
27e	For filers without qualifying children. See instructions for special calculations. Enter result >	27e	.00
28	Property Tax Credit. From your DC Schedule H, attach a copy.	28	.00

* Caution: Choosing to receive this credit in monthly payments may cause you to lose your Supplemental Nutrition Assistance Program (SNAP) or other federal benefits (For more information about SNAP, contact the Department of Human Services at (202) 807-0405 or dhhs@dc.gov.) Taxpayers receiving DC EITC amounts of \$1,200 or more may choose to receive the DC EITC portion of their refund in 12 equal monthly payments instead of one total payment. If you choose to receive monthly DC EITC payments, DTR will calculate the distribution of your net refund amount for you. Your initial payment will be different from the Line 40 net refund amount.


Domicile Verification: Filed/Processed D-40 Tax Return

What to verify:

1. Tax Return being signed by parent/legal guardian or independent student on the bottom left of D-40 Page 3

Note: All documents are examples and may vary.

D-40 PAGE 3
Enter your last name
Enter your TIN



* 2 4 0 4 0 4 S 3 1 7 2 9 *

29	Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29	.00
30	Total refundable credits. Add line 27d or 27e through Line 29.	30	.00
31	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	31	.00
32	2024 estimated income tax payments and amount applied from 2023 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2024 return, enter payments made with original 2024 D-40 return.	34	.00
35	If this is an amended 2024 return, enter refunds requested with original 2024 D-40 return.	35	.00
36	Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36	1.00
37	Tax Due. Subtract Line 36 from Line 26.	37	.00
38	Amount Overpaid. Subtract Line 26 from Line 36.	38	1.00
39	Amount to be applied to your 2025 estimated tax.	39	.00
40	Underpayment Interest. Fill in the oval and attach form D-2210.	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	.00
43	Net Refund. * Subtract total of Lines 39, 40 and 41 from Line 38.	43	.00

Will this refund go to an account outside the U.S.? Yes No See instructions.

44 Fill in _____ if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.

Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website MyTax.DC.gov.

Mark one refund choice: Direct deposit or Reillacard (See instructions) or Paper check

Direct deposit. To have your refund deposited to your Checking or Savings account, fill in and enter bank routing and account numbers. See instructions.

Routing Number _____ Account Number _____

Fill in _____ if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee To authorize another person to discuss this return with OTR, mark here _____ and enter the name and phone number of that person

Designee's Name _____ Phone number _____

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature	Date	Preparer's signature	Date
Spouse's/registered domestic partner's signature if filing jointly or separately on same return	Date	Preparer's Tax Identification Number (PTIN)	PTIN telephone number

Revised 10/2024

24 DC3 TX0 1040 Form Software Copyright 1998 - 2025 HRB Tax Group, Inc.

Domicile Verification: Filed/Processed D-40 Tax Return

What to verify:

1. The tax year
2. Personal Information – Washington, DC address

*** D-40 Individual Income Tax Return
Government of the District of Columbia

Name:		Filing Period:	31-Dec-2024
		Due Date:	15-Apr-2025
Account ID:		Return Received:	23-Jan-2025

Personal information

Your telephone number _____

Your taxpayer identification number _____ and Date of Birth _____ Spouse's/registered domestic partner's TIN _____ and Date of Birth _____

Your first name _____ M.I. _____ Last Name _____ Deceased _____


Spouse's/registered domestic partner's first name _____ M.I. _____ Last Name _____ Deceased _____
No _____

Home address (number, street and suite/apartment number if applicable) _____

City _____ State _____ Zip Code + 4 _____
WASHINGTON DC

Email Address _____ Phone Number _____

1101 4th Street SW, Suite W270, Washington, DC 20024/Phone: (202) 727-4TAX (4829)/Fax: (202) 442-6890
MyTax.DC.gov



Note: All documents are examples and may vary.

Domicile Verification: Filed/Processed D-40 Tax Return

What to verify:

1. Part Year Resident (will require additional documentation) →

Note: All documents are examples and may vary.

★ ★ ★ **D-40 Individual Income Tax Return**
Government of the District of Columbia

Name:		Filing Period:	31-Dec-2024
		Due Date:	15-Apr-2025
Account ID:		Return Received:	23-Jan-2025

1. Filing Status	Single	
2. Part Year Resident	Part Year From :	Part Year To :
3. Fill in ONLY if Full-Year health care coverage or exempt		Yes

a. Wages, salaries, unemployment compensation and/or tips	
b. Business Income (or loss)	\$0
c. Capital gain or loss	\$0
d. Rental real estate, royalties, partnerships, etc.	\$0

Computation of DC Gross and Adjusted Gross

4. Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.


Additions to DC Income

5. Franchise tax deducted on federal forms	\$0
6. Other additions from DC Schedule I, Calculation A, Line 9	\$0
7. Add lines 4, 5 and 6.	

Subtractions from DC Income

8. Part year residents, enter income received during period of nonresidence	\$0
9. Taxable refunds, credits or offsets of state and local income tax	\$0
10. Taxable amount of social security and tier 1 railroad retirement	\$0
11. Income reported and taxed this year on a DC franchise or fiduciary return	\$0
12. DC and federal government survivor benefits	\$0
13. Unemployment Insurance Benefits	\$0

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Domicile Verification: Filed/Processed D-40 Tax Return

What to verify:

1. DC Taxable Income

★ ★ ★ **D-40 Individual Income Tax Return**
Government of the District of Columbia

Name: _____ Filing Period: 31-Dec-2024
Due Date: 15-Apr-2025
Account ID: _____ Return Received: 23-Jan-2025

14. Other subtractions from DC Schedule I, Calculation B, Line 16 \$0
15. Total subtractions from DC income \$0
16. DC adjusted gross income _____

17. Deduction Type. Take the same type as you took on federal return. Standard X or Itemized
18. DC deduction amount _____
19. DC taxable income Subtract Line 18 from Line 16. _____

20. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. \$0
Fill in if filing separately on same return. Complete J on Schedule S.


DC Credits, Payments

21. Credit for child and dependent care expenses \$0 Multiply \$ \$0
22. Non-refundable credits from DC Schedule U, Part 1a, Line 7 \$0
23. Total non-refundable credits \$0
24. Subtract Line 23 from Line 20 \$0
25. DC Health Care Shared Responsibility \$0
26. Total Tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25. \$0

DC Earned Income Credit

27a. Enter the number of qualified EITC children 1 27b. Earned income _____
27c. For filers with qualifying children. Enter federal EIC 27d. Multiply _____
27e. For filers without qualifying children \$0

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MyTax.DC.gov



Note: All documents are examples and may vary.

Domicile Verification: Filed/Processed D-40 Tax Return

★ ★ ★ D-40 Individual Income Tax Return
Government of the District of Columbia

Name: _____ Filing Period: 31-Dec-2024
Due Date: 15-Apr-2025
Account ID: _____ Return Received: 23-Jan-2025

28. Property Tax Credit. From your DC Schedule H; attach a copy.	\$0
29. Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	\$0
30. Total refundable credits. Add Line 27d or 27e through Line 29.	
31. DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	
32. 2024 estimated income tax payments and amount applied from 2023 return.	\$0
33. Tax paid with FR-127, Extension of Time to File.	\$0
34. If this is an amended 2024 return, enter payments made with original 2024 D-40 return.	\$0
35. If this is an amended 2024 return, enter refunds requested with original 2024 D-40 return.	\$0
36. Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	\$0
37. Tax Due. Subtract Line 36 from Line 26.	
38. Amount overpaid. Subtract Line 26 from Line 36.	
39. Amount to be applied to estimated tax	
40. Underpayment interest. Fill in the Oval and attach Form D-2210.	\$0
41. Contribution Amount from DC Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	\$0
42. Total amount due. Add Lines 37, 40 and 41	\$0
43. Net Refund. Subtract total of Lines 39, 40 and 41 from Line 38.	

Do you choose to receive your DC EITC refund in 12 monthly payments instead of one total payment? Yes No
Will the credit request go to an account outside of the US? Yes No See Instructions.

44. Fill in if either spouse is claiming injured spouse protection, you MUST attach Form DC-8379.

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MyTax.DC.gov

What to verify:

1. Tax Return being signed by parent/legal guardian or independent student

Note: All documents are examples and may vary.

★ ★ ★ D-40 Individual Income Tax Return
Government of the District of Columbia

Name: _____ Filing Period: 31-Dec-2024
Due Date: 15-Apr-2025
Account ID: _____ Return Received: 23-Jan-2025

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov.

Mark one refund choice: Direct deposit Reliacard (See instructions) Paper check

Direct Deposit. To have your refund deposited to your X checking or savings account, fill in oval and enter bank routing and account numbers. See instructions.

Routing Number _____ Account Number _____

Fill in if you agree to receive your 1099-G Income Tax refund statement electronically.

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name _____ Phone number _____

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Preparer's Tax Identification Number (PTIN) _____ PTIN telephone number _____

1101 4th Street SW, Suite W270, Washington, DC 20024/Phone: (202) 727-4TAX (4829)/Fax: (202) 442-6890
MyTax.DC.gov

Domicile Verification: Filed/Processed D-40 Tax Return

★ ★ ★ **SCHEDULE S Supplemental Information and Dependents**
██████████ Government of the District of Columbia

Name: _____ Filing Period: 31-Dec-2024
 Due Date: 15-Apr-2025
 Account ID: _____ Return Received: 23-Jan-2025

Calculation G-1 Computation of Standard Deduction.

a. Basic Standard Deduction Amount

b. Is your age 65 or over? 0

c. Are you blind? 0

d. Are you married or registered domestic partner filing jointly or filing separately on the same return and your spouse or registered domestic partner is 65 or over? 0

e. Are you married or registered domestic partner filing jointly or filing separately on the same return and your spouse or registered domestic partner is blind? 0

f. Total number of additions to standard deductions. Add Lines b through e. 0

g. Additional standard deduction amount. Multiply Line f by \$ 1,550 (\$ 1,950 if single or head of household) \$0


h. Total standard deduction (Sum of line a and g- to use in D40 line 17) -

i. Total number of Dependents

Calculation J Tax Computation for Married or Registered Domestic Partners Filing Separately on Same DC Return

	You	Spouse/Domestic Partner
a. Federal adjusted gross income	\$0	\$0
b. Total additions to federal adjusted gross income	\$0	\$0
c. Add adjusted gross income and additions	\$0	\$0
d. Total subtractions from federal adjusted gross income	\$0	\$0
e. DC adjusted gross income	\$0	\$0
f. Deduction amount	\$0	\$0
g. Taxable income	\$0	\$0
h. Tax	\$0	\$0
i. Total tax	\$0	\$0

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 MyTax.DC.gov




★ ★ ★ **SCHEDULE S Supplemental Information and Dependents**
██████████ Government of the District of Columbia

Name: _____ Filing Period: 31-Dec-2024
 Due Date: 15-Apr-2025
 Account ID: _____ Return Received: 23-Jan-2025

List of TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

TIN

1101 4th Street SW, Suite W270, Washington, DC 20024/Phone: (202) 727-4TAX (4829)/Fax: (202) 442-6890
 MyTax.DC.gov




Domicile Verification: Filed/Processed D-40 Tax Extension (FR-127)

- This can be used if parent/legal guardian or independent student is filing an extension for the tax year.
- A filed/processed D-40 Tax Extension (FR-127) along with a filed/processed D-40 Tax Return from the previous year (signed by parent/legal guardian or independent student) will satisfy the domicile verification requirement.

What to verify:

1. Personal Information – Washington, DC address
2. Tax Return being signed by parent/legal guardian or independent student

Note: All documents are examples and may vary.

Domicile Verification: D-40 Electronic Certification

- An applicant can electronically certify the D-40 tax return within the DC OneApp under the “D-40 Authorization” tab.
- The “D-40 Authorization” tab will ask for parent’s/legal guardians’ Net Refund or Total Amount Due from the D-40 tax return from the current tax year.
- Applicants will be alerted by DC OneApp about the status of the electronic certification.
- Note: only information from the current tax year can be electronically certified and student must be claimed as dependent on parent’s/legal guardian’s taxes.

Domicile Verification: Child Support

DC.gov (http://dc.gov) Child Support Services Division

Child Support Services Division - Online Case Lookup

Extended Payment Information

Name: _____

Case Number: _____

Distributed Date Range - From: 02/02/2015 To: 02/01/2017

Rec. Date	Disb Date	Disb Amt	Rec. Date	Disb Date	Disb Amt
01-24-17	01-25-17	217.84	04-04-16	04-05-16	272.31
01-10-17	01-11-17	217.84	03-24-16	03-25-16	273.85
12-28-16	12-29-16	216.32	03-08-16	03-09-16	272.31
12-12-16	12-13-16	217.84	02-22-16	02-23-16	273.85
12-05-16	12-06-16	217.84	02-16-16	02-17-16	272.31
11-17-16	11-18-16	217.84	01-29-16	02-01-16	222.90
10-31-16	11-01-16	212.40	01-21-16	01-22-16	218.98
10-25-16	10-26-16	216.30	01-04-16	01-05-16	218.98
10-04-16	10-05-16	272.31	12-17-15	12-18-15	218.98
09-21-16	09-22-16	278.08	10-07-15	10-08-15	218.98
09-16-16	09-19-16	272.31	09-22-15	09-23-15	223.62
09-16-16	09-19-16	273.85	09-08-15	09-09-15	220.58
08-23-16	08-24-16	272.31	09-01-15	09-02-15	328.04
07-28-16	07-29-16	273.85	08-24-15	08-25-15	218.98
07-12-16	07-13-16	272.31			
06-28-16	06-29-16	278.08			
06-14-16	06-15-16	273.85			
06-01-16	06-02-16	272.31			
05-19-16	05-20-16	273.85			
05-03-16	05-04-16	272.31			

What to verify:

1. Parent/legal guardian relationship to applicant.
2. Full 12-month January-December statement from the correct year
3. Note: child support documentation can be more than one page. Also, parent’s/legal guardian’s name and address must be verified if child support is not from the District of Columbia.

Note: All documents are examples and may vary.

Domicile Verification: Retirement/Annuity Income

What to verify:

1. Full 12-month January-December statement from the correct year
2. Gross benefit amount received
3. Personal Information – Washington, DC address

Note: All documents are examples and may vary.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country ZIP or foreign postal code, and telephone no. THRIFT SAVINGS PLAN			1 Gross distribution \$	2a Taxable amount \$	OMB No. 1545-0119 2024 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
PAYER'S TIN			2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town or province, country, and ZIP or foreign postal code WASHINGTON DC 20007			3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Account number (see instructions)			7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
10 Amount allocable to IRR within 5 years \$	11 1st year of desig Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	9a Your percentage of total distribution %	9b Total employee contributions \$	
			14 State tax withheld \$	15 State/Payer's state no. DC	16 State distribution \$
			13 Date of payment	17 Local tax withheld \$	18 Name of locality
					19 Local distribution \$

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Domicile Verification: Social Security Income (SSI)

What to verify:

1. Full 12-month January-December statement from the correct year
 2. Net benefit received
 3. Personal information – Washington, DC address
- Note: Benefit verification letters are not accepted

Note: All documents are examples and may vary.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2022 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2022	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit Benefits for 2022		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address
		Box 8. Claim Number (Use this number if you need to contact SSA.)

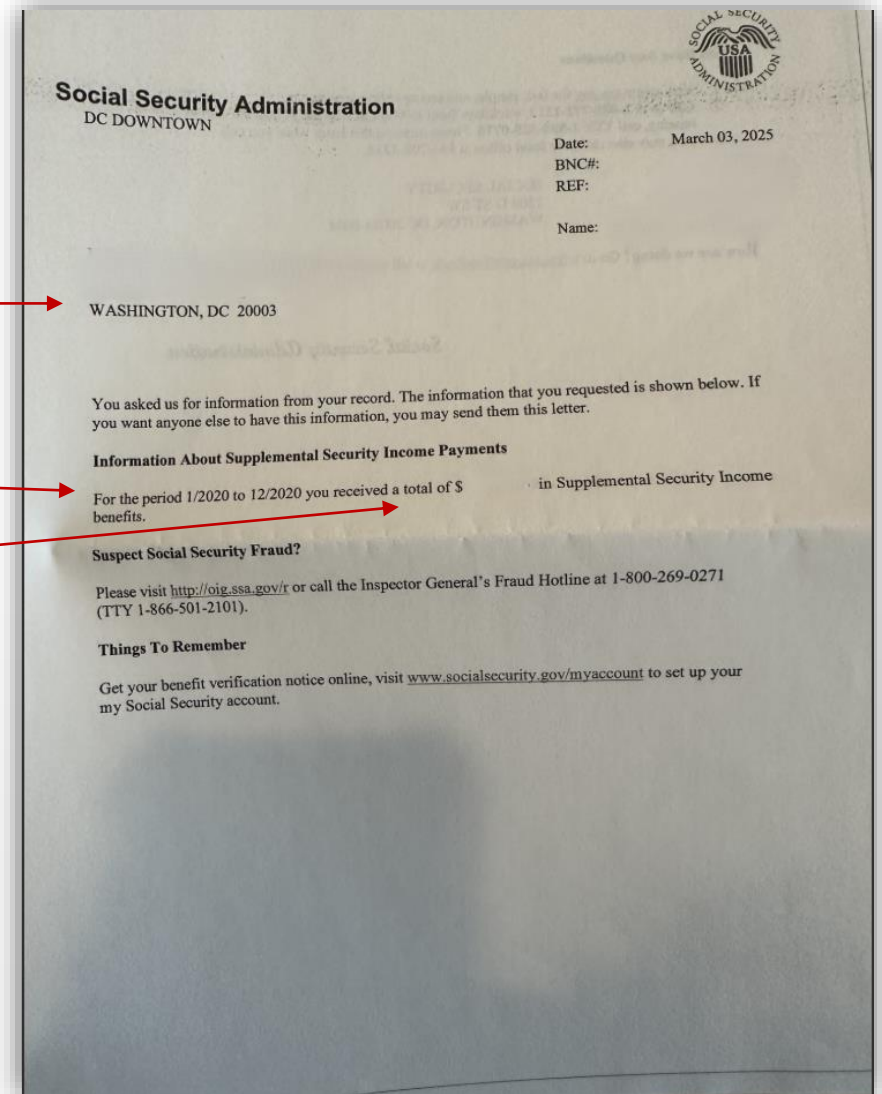
Form SSA-1099-SM (1-2023) **DO NOT RETURN THIS FORM TO SSA OR IRS**

Domicile Verification: Social Security Income (SSI)/Social Security Disability Income (SSDI)

What to verify:

1. Personal information – Washington, DC address
2. Full 12-month January-December statement from the correct year
3. Net benefit received

Note: Benefit verification letters are not accepted. All documents are examples and may vary.



Domicile Verification: Social Security Income (SSI)

What to verify:

1. Full 12-month January-December statement from the correct year
2. Personal information – Washington, DC address
3. Net benefit received

*** REC 2023214 153316 HE154481 MPDJ CIPOYAF PQAF (F-FQZ) ***

1099 DTE:08/02/23 SSN DOC:270 UNIT:SMG PG: 001

++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT 2017++++
PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 2017.
USE \$ 27876.00 FROM BOX 5 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART
OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.
ALSO SEE ATTACHED GENERAL INFORMATION.

BOX 1 NAME
BOX 2 BENEFICIARY SOCIAL SECURITY NUMBER (SEE BOX 8 BELOW)
BOX 3 BENEFITS FOR 2017 \$ 27876.00 (SEE DESCRIPTION OF AMOUNT IN BOX 3 BELOW)
BOX 4 BENEFITS REPAID TO SSA IN 2017-NONE
(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)
BOX 5 NET BENEFITS (BOX 3 MINUS BOX 4) FOR 2017-\$
BOX 6 VOLUNTARY FEDERAL INCOME TAX WITHHELD-NONE
BOX 7 ADDRESS WASHINGTON DC 20016-2037
BOX 8 CLAIM NUMBER (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)

+++DESCRIPTION OF AMOUNT IN BOX 3+++
ADD:
PAID BY CHECK OR DIRECT DEPOSIT \$ 27876.00
MEDICARE PART B 0.00
MEDICARE PART C 0.00
MEDICARE PART D 0.00
WORKERS COMPENSATION OFFSET 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS 0.00
PAID TO ANOTHER FAMILY MEMBER 0.00
ATTORNEY FEES 0.00
VOLUNTARY FEDERAL INCOME TAX WITHHELD 0.00
TREASURY BENEFIT PAYMENT OFFSET, GARNISHMENT AND/OR TAX LEVY 0.00
TOTAL ADDITIONS-\$ 27876.00

SUBTRACT:
NONTAXABLE PAYMENTS 0.00
AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU 0.00
TOTAL SUBTRACTIONS-\$ 0.00
BENEFITS FOR 2017 (AMOUNT SHOWN IN BOX 3)-\$ 27876.00

+++DESCRIPTION OF AMOUNT IN BOX 4+++
ADD:
CHECKS RETURNED TO SSA 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS 0.00
OTHER REPAYMENTS 0.00
BENEFITS REPAID TO SSA IN 2017 (AMOUNT SHOWN IN BOX 4)-\$ 0.00

Social Security Administration
1300 D Street SW
Washington, DC 20024

Note: Benefit verification letters are not accepted. All documents are examples and may vary.

Domicile Verification: Temporary Assistance for Needy Families (TANF)/Supplemental Nutrition Assistance (SNAP)/Food Stamp Statement

What to verify:


1. Personal information – Washington, DC address
2. Full 12-month January to December statement

Note: DCTAG advisors have limited access to the DCAS system and can pull TANF/SNAP/Food Stamp benefit information if the parent/legal guardian or independent student completes the authorization form. All documents are examples and may vary.

Type	Nominee	Method	Due Date	Amount
> Payment		EBT	12/1/2025	...
> Payment		EBT	11/1/2025	...
> Payment		EBT	10/1/2025	...
> Payment		EBT	9/1/2025	...
> Payment		EBT	8/1/2025	...
> Payment		EBT	7/1/2025	...
> Payment		EBT	6/1/2025	...

Domicile Verification: TANF/SNAP Authorization Request Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES



Consent and Release Form

**AUTHORIZATION FOR RELEASE OF SNAP AND TANF INFORMATION
FROM THE DISTRICT OF COLUMBIA DEPARTMENT OF HUMAN SERVICES
TO THE DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION**

SNAP or TANF Client Name: _____

Date of Birth: _____

Client Identification Number (CIN): _____

The District of Columbia ("District") Department of Human Services (DHS), Economic Security Administration (ESA), determines eligibility for the District's Temporary Assistance for Needy Families (TANF) and the Supplemental Nutritional Assistance Program (SNAP).

I, _____, acknowledge and fully understand that, as a DHS client, my TANF and SNAP information is confidential and protected information pursuant to applicable District and federal confidentiality laws, including the District of Columbia Public Assistance Act of 1982, as amended (D.C. Official Code § 4-209.04), which states:

All information and records regarding an applicant or recipient provided to or created by the [ESA], its representatives, or its employees, in the course of the administration of [ESA] programs, shall be privileged and confidential." (D.C. Official Code § 4-209.04(c)).

By signing this form, I understand that I am allowing DHS to use or disclose confirmation of my receipt of TANF and/or SNAP benefits over a period of the prior 12 months ("Data") to the Office of the State Superintendent of Education for the purpose of District residency verification to determine eligibility under the District of Columbia Tuition Assistance Grant (DCTAG) program.

=====

1

Persons/organizations authorized to receive or use the information:

Name: Office of the State Superintendent of Education, DCTAG Program
Address: 1050 First Street NE, Washington, DC 20002
Phone Number: 202-727-2824

1. Purpose of the use/disclosure is for District residency verification over the prior 12 months to determine eligibility under the DCTAG program.
2. I understand that my SNAP and TANF benefits will not be affected if I do not sign this form.
3. I understand, with few exceptions, that I may see and copy the information described on this form if I ask for it, and that I may get a copy of this form after I sign it.
4. I may revoke this authorization at any time by notifying OSSE in writing at the address below, but, if I do, it will not have any effect on actions that OSSE or DHS took before they received the revocation. If not previously revoked, this authorization will expire upon completion of this request.
5. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan, health care provider or clearinghouse, the released information may no longer be protected by federal privacy regulations, and therefore the recipient of the Data may redisclose the Data.
6. I understand that both my SNAP and TANF information is confidential and protected by District and federal confidentiality laws. By signing this authorization, I am agreeing to waive this confidentiality and provide the Data to the third party listed above.
7. I acknowledge that I have read the provisions stated above, and/or an OSSE representative has verbally explained the provisions stated herein, and I voluntarily and knowingly consent to the release of the Data of my own free will.
8. This Authorization will expire upon use or one year from the date this form is signed, whichever comes first.
9. I acknowledge that I am an adult 18 years of age or older, and I fully understand and agree to the terms set forth above

=====

Printed Name of Adult

2

Address of Adult

Signature of Adult

Date

Printed Name of Witness

Address of Witness

Signature of Witness

Date

Please return this document by uploading it to your DCONEAPP portal under upload documents.

3

What to verify:

1. All highlighted segments must be completed by either parent/legal guardian or by witness.
2. Anyone over the age of 18 can serve as witness.



Domicile Verification: Unemployment Income/Worker's Compensation

What to verify:

1. Personal Information – Washington, DC address
2. Full 12-month January-December statement from the correct year
3. Unemployment compensation received

Note: All documents are examples and may vary.

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0120	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemployment compensation \$	Form 1099-G (Rev. March 2024) For calendar year
PAYER'S TIN		2 State or local income tax refunds, credits, or offsets \$	4 Federal income tax withheld \$
RECIPIENT'S TIN		3 Box 2 amount is for tax year	
RECIPIENT'S name		5 RTAA payments \$	6 Taxable grants \$
Street address (including apt. no.)		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain \$	11 State income tax withheld \$
Account number (see instructions)		10a State	

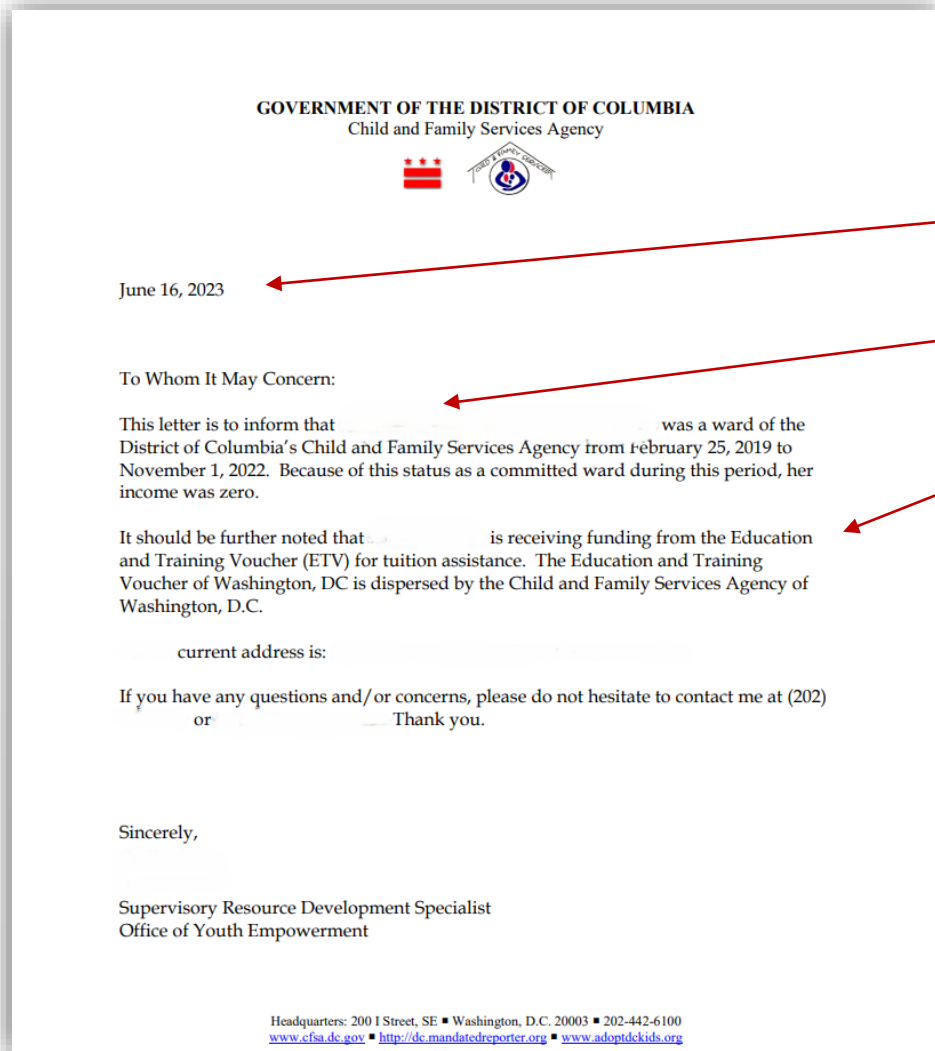
Form **1099-G** (Rev. 3-2024) (keep for your records) www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

Certain Government Payments

Copy B For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Domicile Verification: Ward of the Court



What to verify:

1. Dated MM/DD/20XX (current application year)
2. Applicant's name and date of birth
3. Applicant's status

Note: All documents are examples and may vary.

Domicile Verification: Unaccompanied Homeless Youth Form

[Insert school or agency letterhead]
 Local education agencies (LEAs) and other agencies should tailor this template with their organization's letterhead to assist their unaccompanied students experiencing homelessness applying for college financial aid in the District of Columbia.

**Unaccompanied Homeless Youth
 Documentation of Independent Student Status for the FAFSA and DCTAG
 (For the 2025-2026 Academic Year)**

Re: [Name of Student]

Date of Birth: _____

Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact): _____

I am providing this letter of verification as a (check one):

A McKinney-Vento school district liaison A financial aid administrator

A director or designee of a Housing and Urban Development (HUD) funded shelter

A director or designee of a Runaway and Homeless Youth Act (RHYA) funded shelter

This letter is to confirm that _____ was:

Check one:

an unaccompanied homeless youth after July 1, 2024.
 This means that, after July 1, 2024, _____ was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Homeless Assistance Act, and was not in the physical custody of a parent or guardian.

an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2024.
 This means that, after July 1, 2024, _____ was not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to document this student's living situation and determine their independent student status as an unaccompanied homeless youth or unaccompanied, self-supporting youth at risk of homelessness. The financial aid office is not required to confirm this determination in the absence of conflicting information. It is not conflicting information if the financial aid administrator disagrees with my determination.¹ Please note that it is a serious offense, subject to fine and or imprisonment, to misrepresent information or to alter documentation to fraudulently obtain federal funds. Individuals suspected of doing so may be reported to the United States Department of Education's Office of the Inspector General ("ED/OIG") for prosecution.

Feel free to address any questions to me at the number or email address listed below.

Authorized Signature:	Telephone Number:	Date:
Print Name:	Email:	
Title:	School/Agency:	
Student's Signature:	Student's Printed Name:	

By signing this document, I attest that the information contained herein is true and accurate to the best of my knowledge.

¹ 2025-2026 Application and Verification Guide, Unaccompanied Homeless Youth Determinations, fapartners.ed.gov/knowledge-center/ifa-handbook/2025-2026-application-and-verification-guide

What to verify:

1. School or agency letterhead
2. Applicant's name and date of birth
3. Applicant's status
4. Completed by applicant and liaison

Note: All documents are examples and may vary.



Proof of Residency


- This documentation must be no more than 45 days old.
- This documentation must reflect the applicant's parent's/legal guardian's name and address OR, independent applicant's name and address.

What to verify:

1. Personal Information – Washington, DC address
2. Date of Issue – no more than 45 days old

Note: *If utility bill is in a name other than what is stated above, then a notarized statement is required from the individual whose name is on the utility bill. The notarized letter must state that applicant's parent/legal guardian OR, independent applicant resides at the address on utility bill. All documents are examples and may vary.*

Utility Bill



Washington Gas
A WGL Company

Account Information
Account Number:
Bill Service address:
WASHINGTON, DC 20011-4944

Page 1 of 2

Invoice Date: July 16, 2025
Invoice Period: Jun 13, 2025-Jul 14, 2025 (32 days)

Account Summary

Your account

Balance on your last bill

Payments/Credits

Balance brought forward

Current Gas Charges

Other Charges

Total Charges This Period

Total to pay

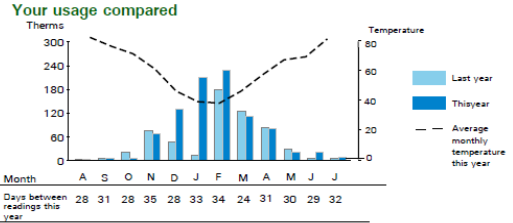
See over for details

Gas Bill


Please pay by **August 7, 2025**.
To avoid late payment charges, full payment must be received by the due date. Please note late fees will continue to accrue in accordance with our tariffs.

Thanks for being a valuable customer of Washington Gas. Your next meter reading date is August 13, 2025.

Your usage compared



For energy advice visit washingtongas.com



6801 Industrial Rd
Springfield, VA 22151
1-844-WASHGAS (327-4427)
ADDRESS SERVICE REQUESTED

Account Number

Amount due

Due date Aug 07, 2025


Amount Paid \$

Check here to donate to the Washington Area Fuel Fund. Don't forget to include your donation with your payment. Visit washingtonareafueelfund.org.

Fuel Fund donation \$


WASHINGTON GAS
PO BOX 37747
PHILADELPHIA PA 19101-5047

WASHINGTON, DC 20011-4944



Account Number:
Service Address:
Square/Suffix/Lot:
Impervious Sq. Ft.:

Questions/Preguntas: (202) 354-3600
Emergencies/Emergencia: (202) 612-3400
Visit Us Online: DCWater.com



Meter Number	Meter Size	Prior Read Date	Current Read Date	Number of Days	Prior Read	Current Read	Usage (CCF)	Usage (Gallons)	Read Type
	1"	4/17/25	5/16/25	30	59,683	59,895	2.12	1585.76	ACT

BILL SUMMARY

Bill Date: 5/16/25

Previous Balance

Payments as of 5/16/25

Outstanding Amount Due

Other Charges and Credits

Current Charges

Total Amount Due by 6/10/25

Dispute Deadline for Current Bill: 6/5/25

CURRENT CHARGES - RESIDENTIAL

Metering Fee 1*

Water System Replacement Fee 1*

Water Services 2.12 CCF X \$5.21

Sewer Services 2.12 CCF X \$12.07

Clean Rivers IAC 1.00 ERU X \$21.23

DC GOVERNMENT FEES

DC Government PILOT Fee 2.12 CCF X \$0.61

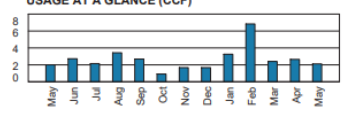
DC Government ROW Fee 2.12 CCF X \$0.19

DC Govt Stormwater Fee 1.00 ERU X \$2.67


Total Current Charges

TOTAL CURRENT BILL

USAGE AT A GLANCE (CCF)



Please return the portion below with your payment to ensure proper credit to your account.



Make a SPLASH to help those in need pay their water bill

Enroll in recurring Round Up by logging into MyDCWater.com

6751 0010 DY RP 16 05172025 YN000N 01 99854

WASHINGTON DC 20003-3118

Account Number:

Total Amount Due: 6/10/25

Amount Due After: 6/15/25

Amount Enclosed \$ _____

Please allow time for your payment to reach us.


ENROLLED IN AUTO PAY

BALANCE WILL BE AUTOMATICALLY DEDUCTED ON THE DUE DATE.

000017244008 1 0000081065 0000089175



Utility Bill




Astound
Broadband
Powered by RCN

Service Location:
WASHINGTON, DC 20005-4535
Account PIN: 2222

Customer Name:
Statement Date: 03/08/2022
Account Number:
Payment Due Date:

Contact Us:
Website: astound.com
Telephone: 1-800-746-4726
Visit: / Washington, DC 20017

IMPORTANT MESSAGES



PREVIOUS CHARGES

Previous Balance
Payments Received

CURRENT CHARGES

Bundled Services
High Speed Internet
Digital Cable TV
One-Time Charges
Taxes, Surcharges & Fees
Total Current Charges - Due 03/30


Total Amount Due:

To avoid a late fee, please ensure the total amount due is received by the date listed on the statement.

Introducing Astound Broadband

We want you to be among the first to know the exciting news! RCN is now Astound Broadband powered by RCN. We've been a part of your neighborhood for years, supporting the community, with award-winning reliable services and 24x7 customer support. We seek ways to help make the impossible possible, strive to make every interaction memorable and astounding. Your passions fuel us to keep innovating and to continue to ASTOUND you every day.

Visit us online at astound.com



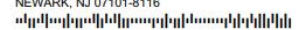
Please detach and return below portion with your payment


REMITTANCE SECTION

Account Number:
Past Due Balance: Due Now
Current Charges Due: Due 03/30
Total Amount Due: \$
Amount Enclosed: \$

Please put your account number on your check and make payable to: RCN
We accept Visa, Mastercard, Discover, American Express, Check, Money Order or Cash. Cash payments are accepted at a Local Office, a payment center near you or at any Western Union location.

RCN
PO BOX 11816
NEWARK, NJ 07101-8116






Astound
Broadband
Powered by RCN

100 Baltimore Drive Wilkes-Barre, PA 18702
Electronic Service Requested


WASHINGTON DC 20005-4535



AN EXELON COMPANY

19 00340008 200001524

Your electric bill - Jul 2023
for the period **June 28, 2023 to July 27, 2023**



WAYS TO SAVE: Find Tips and Programs That Help

Learn more at pepco.com/WaysToSave

Account number:
Your service address: WASHINGTON DC 20003
Bill issue date: Jul 31, 2023

Summary of your charges

Balance from your last bill
Your payment(s) - thank you
Balance forward as of Jul 31, 2023
New electric distribution charges - Pepco
New Indra Energy supply charges
Total amount due by Aug 21, 2023
After Aug 21, 2023, a Late Payment Charge of \$1.88 will be added, increasing the amount due to \$136.19.

Visit pepco.com/dictariffs and click "DC Terms and Conditions" for information on how payments are applied to balances from Pepco and any competitive supplier.

Your smart electric meter is read wirelessly. Visit My Account at pepco.com to view your daily and hourly energy usage.

Pepco EV charging stations are in a neighborhood near you, learn more here Pepco.com/ev.

If you are moving or discontinuing service, please contact Pepco at least three days in advance.

How to contact us

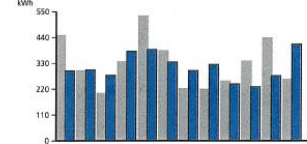
Customer Service (Mon-Fri, 7 a.m. - 8 p.m.) **202-833-7500**
TTY English **1-800-643-3768**
TTY Spanish **1-800-546-7111**
¿Problemas con la factura? **202-833-7500**
Electric emergencies & outages (24 hours) **1-877-737-2662**
Visit pepco.com for service, billing and correspondence information.

Pepco is regulated by - DC Public Service Commission, dcpsc.org
1325 G St NW, Suite 800, Washington DC 20005, 202-626-5100

Consumer Advocate - Office of People's Counsel, opc-dc.gov
1133 Fifteenth St NW, Washington DC 20005, 202-727-3071

Your monthly Electricity use in kWh

Daily temperature averages: Jul 2022: 80° F Jul 2023: 80° F




Information regarding rate schedules and how to verify the accuracy of your bill will be mailed upon request.

Additional messages may be on the last page of your bill.

Please tear on the dotted line below.

Return this coupon with your payment
made payable to Pepco.

1449 1 AV 0.386 2DR00760




WASHINGTON DC 20003-4727

Account number
Total amount due by Aug 21, 2023
Total amount due after Aug 21, 2023

Amount Paid: \$ -

PO BOX 13608
PHILADELPHIA PA 19101





Bank Statement and Mortgage Statement

BANK OF AMERICA

P.O. Box 10284
Wilmington, DE 19850

WASHINGTON, DC 20017-3126

Customer service information

Customer service: 1.800.432.1000
En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking
for March 7, 2025 to April 7, 2025

Account number: _____

Account summary

Beginning balance on March 7, 2025 _____

Deposits and other additions _____

Withdrawals and other subtractions _____

Checks _____

Service fees _____

Ending balance on April 7, 2025 _____

New: Scheduled and recurring payments with Zelle®

Send money now, schedule it for later, or make it recurring.
Enroll now! Scan the code or visit bankofamerica.com/zelle.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

59M-03-24-04848 | 6398072

Page 1 of 12

WELLS FARGO Home Mortgage

Return Mail Operations
PO Box 14411
Des Moines IA 50306-3411

Statement date: 03/27/25
Loan number: _____
Payment due date: 05/01/25
Total amount due
On or after 05/16/25, a late charge of \$78.29 may apply.

Page 1 of 1

Property address: WASHINGTON, DC 20003

Customer Service:

Correspondence
PO Box 10335
Des Moines IA 50306

Payments
See below for all of our payment options

Telephone*
1-800-222-0238

Fax
1-866-278-1179

Hours of operation
Mon - Fri 7 a.m. - 10 p.m.
Sat 8 a.m. - 2 p.m. CT

Purchase or refinance
1-800-554-2880

*We accept telecommunications relay service calls.

0016395 01 MB 0.62 **AUTO 120 0086 20003-301910 -01-P15411-01

WASHINGTON, DC 20003-3019

Enjoy convenience and peace of mind with automatic payments.
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Call 1-866-234-8271 or enroll at wellsfargo.com.

Other Quick and easy ways to pay

- Online at wellsfargo.com.
- Mobile using the Wells Fargo mobile application.
- Mail a payment payable to Wells Fargo Home Mortgage using the coupon attached below.
- Phone 1-866-234-8271, 24/7 access.
- In person at a Wells Fargo bank branch near you.

Explanation of amount due

Principal
Interest
Escrow
Current payment
Total amount due 05/01/25

Balance summary

Unpaid principal balance
(This is not a payoff amount.)

Account information

Interest rate
Maturity date (month/year)
Escrow balance

Past payments breakdown

Since last statement Year-to-date

Total received*
Principal
Interest**
Escrow

Taxes disbursed (YTD)
Insurance disbursed (YTD)

*This total may include the principal of funds balance from the balance summary section.
**This information should not be used for tax purposes. If you have tax record questions, please consult your tax advisor.

Activity since your last statement

Date	Description	Total	Principal	Interest	Escrow	Other
03/27						
03/12						
03/10						

For your consideration

Know your homebuying power with our prequalification tool.
As a valued customer, get prequalified for a loan amount, and see an estimate of down payment, monthly payment breakdown and more. Answer a few questions to see a personalized estimate of your loan and payments. No documentation is needed, and it won't affect your credit score.

Visit wellsfargo.com/lookingtobuy to get prequalified or contact a mortgage consultant at 1-866-810-2596 to get started.

Free home search and mortgage tools
Get the most from your mortgage. Get more insights into your current home, including estimated value, and learn more about your next one. You have access to powerful and free online tools that cover every angle of your home search and managing your mortgage account. Check them out at wellsfargo.com - select your mortgage account and click Explore Dashboard or Shop for Homes in the menu bar.

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score. Go to wellsfargo.com/personalloan.

0086-01-01-011-03365-0001-0011211



Pay Stub

Washington DC 20011

Pay Stub Detail
 PAY DATE: 08/22/2024
 NET PAY: \$

Washington DC 20020

EMPLOYER

Washington DC 20011

PAY PERIOD

Period Beginning: 08/01/2024
 Period Ending: 08/15/2024
 Pay Date: 08/22/2024
 Total Hours: 80.00

EMPLOYEE

Washington DC 20020

BENEFITS

	Accrued	Used	Available
Vacation	1.67	0.00	6.67
Sick	1.67	0.00	6.67

NET PAY:

MEMO:

PAY	Hours	Rate	Current	YTD	DEDUCTIONS	Current	YTD
Regular Pay	80.00						
PD Hours							
Holiday Pay							

TAXES


	Current	YTD
Federal Income Tax		
Social Security		
Medicare		
DC Income Tax		

SUMMARY	Current	YTD
Total Pay		
Taxes		
Deductions		

Net Pay



Utility Letter



District of Columbia Housing Authority
Washington, DC 20024

WASHINGTON, DC 20024

VERIFICATION OF RESIDENCY

07/14/2025

To Whom It May Concern:

This letter is verifying that _____ resides at _____ Washington, DC 20024. The other family members listed in the unit are as follows:

Name	Family Members
	E
	Y

The tenant's rent is \$0.00 if you have any questions please feel free to contact the Management Office at _____ between the hours of 8:15am & 4:45pm, Monday through Friday.

Utility or Service	1BR	2BR	3BR	4BR	5+BR
Window Air Conditioner(s)	\$7	\$7	\$7	\$7	\$7
Washer	\$7	\$10	12	\$14	\$16
Freezer	\$5	\$5	\$5	\$5	\$5
Additional Refrigerator	\$4	\$4	\$4	\$4	\$4
Dryer	\$7	\$11	\$13	\$16	\$18

****Residents of DCHA Public Housing do not pay for Gas, Electric, or Water therefore utility allowances are no longer granted (DCHA pays utilities) and an excess utility charge is assessed to the residents account for the use of major appliances. This fee is due on the first of each month no later than the 10th in addition to the monthly rental fee.**

Total Month Charge for Excess Utilities

Sincerely,

THE BARAC Co.

REAL ESTATE MANAGEMENT
INSURANCE
SALES

July 21, 2025

To whom it may concern:

Please be advised that, _____ are

residents at: _____ Washington D.C. 20011, a unit managed by The Barac

Company, _____

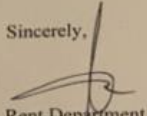
The commencement date of the tenancy is from _____ **currently under monthly contract**

with a monthly rent _____ **with all utilities included in the rent.**


Please note that _____ are the leaseholders in this unit.

All questions concerning this matter should be referred to our Rent Collection Department

Sincerely,


 Rent Department
 The Barac Co.

www.thebarac.com

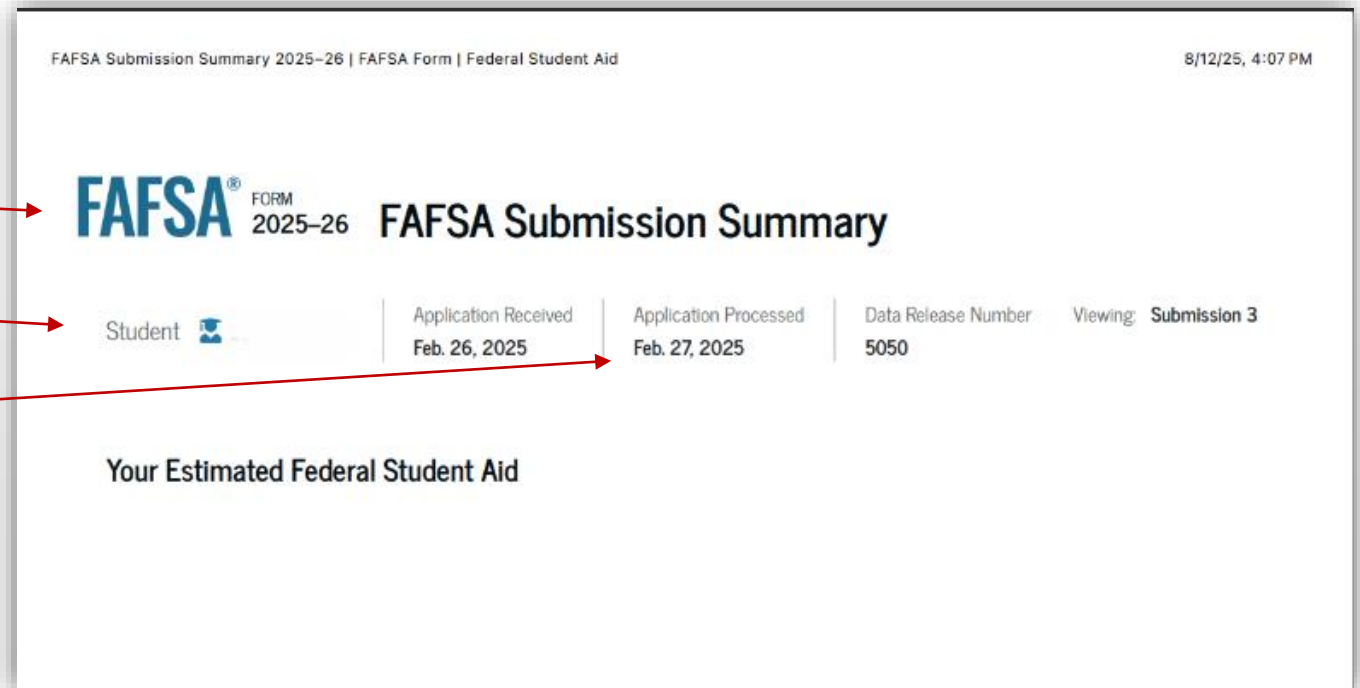


FAFSA Submission Summary (FSS)

- The FAFSA Submission Summary (FSS) is obtained by completing the FAFSA which is administered by the US Department of Education.
- The FAFSA's website is www.fafsa.gov. In total, the FSS is about 17 pages.

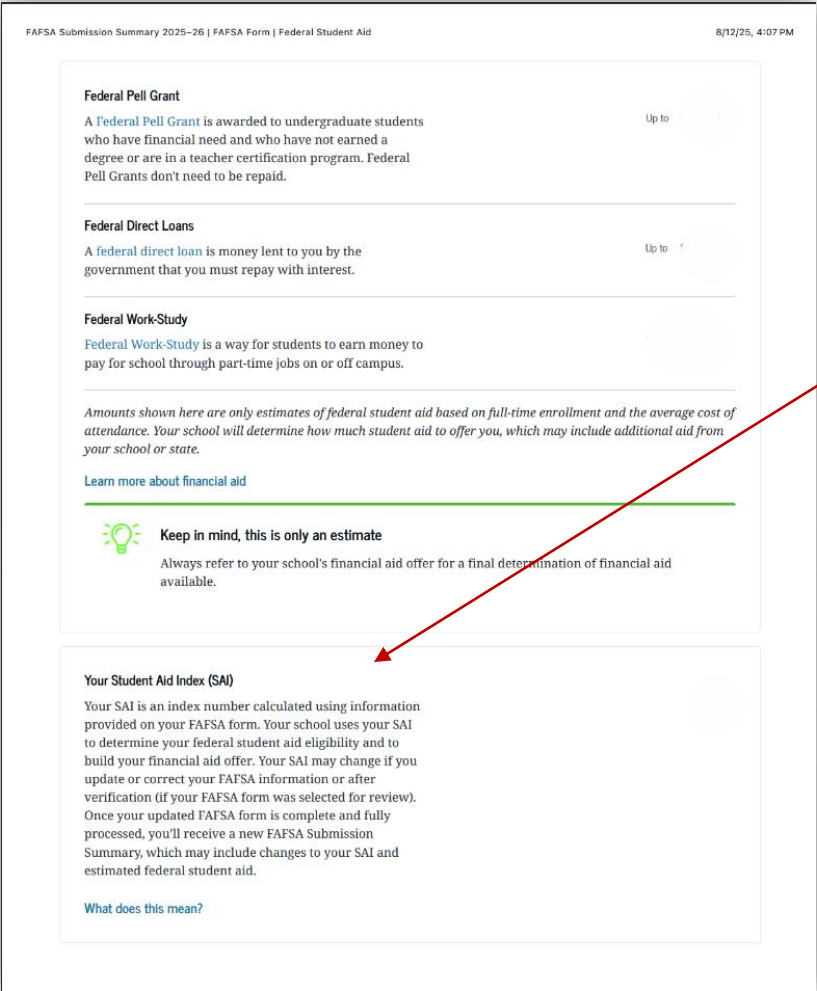
What to verify:

1. FAFSA application year
2. Applicant's name
3. Application status



Note: All documents are examples and may vary.

FAFSA Submission Summary (FSS)



What to verify:

1. Student Aid Index (SAI) has been calculated

Note: All documents are examples and may vary.

How To Reach Us

ADDRESS:

1050 First St. NE
Washington, DC 20002

PHONE:

(202) 727-2824

HOURS of OPERATION:

8:30 a.m. to 5 p.m., Monday – Friday

WEBSITE:

www.dconeapp.dc.gov



GET SOCIAL:

www.instagram.com/dctag_team/