



## V5 - Dependent

Financial Aid Office  
10 South 2nd St. Box 1706  
Reading, PA 19603  
racc.edu/admissions/financial-aid  
610.607.6225

### Reading Area Community College 2026-2027 DEPENDENT VERIFICATION WORKSHEET

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information RACC will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid office at RACC. We may need to ask for additional information in the future. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

#### STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within **15 days** of receipt to **Reading Area Community College**.

Student Name : \_\_\_\_\_ (Please Print) Last, First

RACC ID # \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
City State Zip Code

Student's Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#### FAMILY INFORMATION

Please list all members of your parent(s)' household. Remember to include:

- Yourself
- Your parents, even if you are not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- Your parent(s)' other children if the following are true:
  - They live with your parents (or live apart because of college enrollment),
  - They receive more than half of their support from your parents, and
  - They will continue to receive more than half of their support from your parents during the award year.
- Other persons if the following are true:
  - They live with your parents,
  - They receive more than half of their support from your parents, and
  - They will continue to receive more than half of their support from your parents during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, **the parent should not include any unborn children in the family size**. Support is defined as providing food, housing, medical/dental care or health insurance, money or other financial resources. If you need more space, attach a separate sheet.

| FULL NAME | AGE | RELATIONSHIP to STUDENT |
|-----------|-----|-------------------------|
|           |     | <i>Self</i>             |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |

STUDENT 2024 INCOME

Please choose a scenario:

- ☐ I consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA **OR** will provide the institution with a 2024 IRS Tax Return Transcript or a signed copy of the 2024 income tax return and applicable schedules.
- ☐ I was not employed and had no income earned from work in 2024.
- ☐ I was employed during 2024 but was not required to file a 2024 federal tax return. • **Must submit W-2 forms for each employer.**

• List below the names of all employers and the amount earned from each employer.

| EMPLOYER NAME | STUDENT AMOUNT | W-2 Attached?(YES/NO) |
|---------------|----------------|-----------------------|
|               | \$             |                       |
|               | \$             |                       |
|               | \$             |                       |

PARENT 2024 INCOME

Please choose a scenario:

- ☐ I consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA **OR** will provide the institution with a 2024 IRS Tax Return Transcript or a signed copy of the 2024 income tax return and applicable schedules.
- ☐ I was not employed and had no income earned from work in 2024.
- ☐ I was employed during 2024 but was not required to file a 2024 federal tax return.
  - **Must submit W-2 forms for each employer.**
  - **List below the names of all employers and the amount earned from each employer.**

| EMPLOYER NAME | FATHER/STEP-FATHER AMOUNT | MOTHER/STEP-MOTHER AMOUNT | W-2 ATTACHED? (Y/N) |
|---------------|---------------------------|---------------------------|---------------------|
|               | \$                        | \$                        |                     |
|               | \$                        | \$                        |                     |
|               | \$                        | \$                        |                     |

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

## 2026-2027 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

As part of the verification process, you must appear in person at Reading Area Community College Office of Financial Aid to verify your identity and provide the following:

- A valid government-issued photo identification (ID), such as, a driver's license, other state-issued ID or passport.
- In addition, you must sign the Statement of Educational Purpose provided below.

If you are not able to appear in person, you must submit:

- The original signed and notarized Statement of Educational Purpose provided below.
- A copy of the government-issued ID as referenced in the Notary's Certificate of Acknowledgement.

### STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and  
Print Student's Name  
 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 2026-2027.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

### NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

(Only complete this section if you cannot appear in person)

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_,

before me, \_\_\_\_\_, personally appeared, \_\_\_\_\_, and  
Notary's Name Printed name of signer

provided to me on basis of satisfactory evidence of identification \_\_\_\_\_

Type of government-issued photo ID provided \_\_\_\_\_

\_\_\_\_\_  
 Notary Signature **WITNESS my hand and official seal**

My commission expires on \_\_\_\_\_.

Date

(Seal)

### CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date this worksheet.

\_\_\_\_\_  
 Student's Signature Date

\_\_\_\_\_  
 Parent Signature (Required for dependent Students). Date

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