

VERIFICATION STATUS 5 INDEPENDENT WORKSHEET

| M.I | Last Name | | |
|---------------|--------------------------|--------------------------------------|----------|
| City | | _ State | Zip Code |
| Secondary | Phone # | | |
| Date of Birth | | Student I | D Number |
| | M.I City Secondary | M.I Last Name City Secondary Phone # | |

B. Number of Household Members and Number in College

List below the people in the **student's household**. Include:

- The student.
- The student's spouse if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from **July 1, 2025**, through **June 30, 2026**, even if a child does not live with the student.
- Other people, if they now live with the student and the student or spouse, provides more than half of the other person's support, and will continue to provide more than half of that person's support through **June 30, 2026.**

Include in the space below information about any household member, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2025, and June 30, 2026, and include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time (Yes or No) |
|-----------|-----|--------------|-----------------|---|
| 1 | 1 | Self | Del Mar College | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

| Student | Student Name: Student ID #: | | | |
|---|---|---|--|--|
| C. Ve | rification of Student and Spouse T | ax Filing Statement | | |
| way to v | te this section if the student and spouse (if married) fiverify income and aid eligibility on the FAFSA form ax information on the FAFSA application. | | | |
| notify D change i | ant Notes: The instructions below apply to students a sel Mar College financial aid office if student and sporn marital status after December 31, 2024 . If the students are transcript for 2023 will need to be sen | use filed separate IRS income tent and spouse filed 'married fi | tax returns for 2023 or had a lling separately," both | |
| Check t | he box that applies: | | | |
| | The student and spouse did provide consent and ap FAFSA application. | oproval to transfer 2023 federa | l tax information on the | |
| | The student and spouse did not provide consent and approval to transfer 2023 federal tax information on the FAFSA application. If the 2023 income tax information for the student was not available or could not be used, please provide Del Mar College Financial Aid Office with a 2023 IRS Tax Return Transcript(s) or a signed copy of the 2023 income tax return and applicable schedules. | | | |
| D. Ve | erification of Student and Spouse No | ontax Filers Stateme | nt | |
| | te this section if the student and spouse (if married) wen with the IRS. | rill not file and is not required | to file a 2023 income | |
| Check | the box that applies: | | | |
| | The student and spouse (if married) was not employ | yed and had no income earned f | from work in 2023. | |
| ☐ The student and spouse (if married) was employed in 2023 and have listed below the names of all employers, the amount earned from each employer in 2023 , and whether an IRS W-2 form, or an equivalent document is provided. It is MANDATORY to provide copies of all 2023 IRS W-2 forms issued to the student by their employers. List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, provide a separate page with the student's name and ID number at the top. | | | | |
| | Employer's Name | IRS W-2 or an Equivalent Document Provided? | Annual Amount Earned in 2023 | |
| | 1 | 1 | 1 | |
| | 3 | 3 | 3 | |
| a 2023 I certifyin | documentation from the IRS or other relevant tax auth RS income tax return was not filed with the IRS or or g that the individual attempted to obtain Verification tax authority and was unable to obtain the required d | ther relevant tax authority, or a of Non-filing (VNF) Letter from | signed statement | |
| | Check here if the IRS Verification of Non-filing (V | NF) Letter or a signed statemer | nt is provided. | |
| | Check here if the IRS Verification of Non-filing (V | NF) Letter or a signed statemer | nt will be provided later. | |

| Student Name: | Student ID #: | | |
|--|---|------------------------|---|
| | | | |
| E. Verification of Income Inform | ation for Individu | ıals wi | th Unusual Circumstances |
| Instructions : Check the box that applies t | to the circumstance(s) | listed b | elow, if none apply leave blank. |
| Individuals Who | Filed an Amende | d IRS | Income Tax Return |
| | Student | | Spouse |
| An individual who filed an amended IRS inco | ome tax return for tax ye | ear 2023 1 | must provide the following: |
| A signed copy of the 2023 IRS Form 104 IRS or documentation from the IRS that i | | | Income Tax Return," that was filed with the ne IRS; and |
| A 2023 IRS Tax Return Transcript that in signed copy of the 2023 IRS Form 1040 a | | | - |
| Individuals Who W | ere Victims of IR | S Tax- | Related Identity Theft |
| | Student | | Spouse |
| An individual who was the victim of IRS tax- | related identity theft m | ust provid | de: |
| A Tax Return Database View (TRDBV) tequivalent document provided by the IRS individual filed with the IRS; and | - | | , or if unable to obtain a TRDBV, an come tax return and applicable schedules the |
| A statement signed and dated by the tax f theft, and that the IRS is aware of the tax- | _ | r she was | s a victim of IRS tax-related identity |
| Individuals W | ho Filed Non-IR | S Inco | me Tax Returns |
| | Student | | Spouse |
| A tax filer who filed an income tax return with income tax return that was filed with the relevant the signed copy of the income tax return, the issued by the relevant tax authority before verified. | vant tax authority. How he tax filer must provid | ever, if we le us with | we question the accuracy of the information |

| Student Name: | Student ID #: |
|---|--|
| F. Certifications and Signatures | |
| The student and spouse signature signing below certifies that all the information reported is complete and correct. | WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. |
| Student's Signature (Required) | Date |
| Spouse's Signature (Optional) | Date |

Identity and Statement of Educational Purpose (To Be Completed at the Institution)

Instructions: The student must appear in person at **Del Mar College Financial Aid Office** to verify their identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must complete, in the presence of the institutional official, the Statement of

Educational Purpose below.

I certify that I (Print Student's Name) ______ am the individual signing this

Statement of Educational 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 Del Mar College for 2025-2026.

Student's Signature (Required) ______ Date _____

Financial Aid Official's Signature ______ Date ______

Submit this worksheet to the financial aid administrator at Del Mar College.

Del Mar College is an Equal Opportunity/Affirmative Action Institution.

Identity and Statement of Educational Purpose

(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Del Mar College to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

| I certify that Iam the individual sig | ning his Statement of |
|--|------------------------------------|
| Educational Purpose and that the Federal student finance | cial assistance I may receive will |
| only be used for educational purposes and to pay the co | ost of attending Del Mar College |
| for 2025-2026. | |
| Student's Signature (Required) | Date |
| Student's ID | |

Notary's Certificate of Acknowledgement

(Notary's certification may vary by State)

| State of | Cit | City/County of | | |
|----------------|-----------------------------------|-------------------------------|--|--|
| On | (Date), before me, | (Notary's | | |
| Name), person | nally appeared, | , (Printed name of | | |
| signer) and pr | oved to me because of satisfactor | ry evidence of identification | | |
| | (Type of unexpired govern | ment-issued photo ID | | |
| provided) to b | e the above-name person who si | gned the foregoing | | |
| instrument. | | | | |
| WITNESS n | ny hand and official seal | | | |
| (Notary Signa | ature) | | | |
| My commis | sion expires on (Date) | | | |