

**VERIFICATION STATUS 4  
DEPENDENT  
SNAP BENEFITS / CHILD SUPPORT PAID  
IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE  
2016-2017 Verification Worksheet**

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Before awarding Federal Student Aid, we must confirm the information you and your parents reported on your FAFSA. 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 administrator at your school. Your school may ask for additional information. If you have questions about verification, contact Del Mar College Financial Aid Services as soon as possible so that your financial aid will not be delayed.

**A. Dependent Student's Information**

Student's Last Name	Student's First Name	Student's M.I.	Colleague ID
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

**B. Dependent Student's Family Information**

List below the people in your parent(s)' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with the student's name and Colleague ID at the top.*

Student's Full Name	Age		College
		Self (Student)	Del Mar College
Family Members	Age	Relationship to Student	College / University

Student Name: \_\_\_\_\_

Colleague ID: \_\_\_\_\_

**C. Dependent’s Parent’s Information to Be Verified**

Complete this section if someone in the student’s parent’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years.

- One of the persons in the parent’s household received SNAP benefits in 2014 or 2015. If asked by the student’s school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

Complete this section if one of the student’s parents paid child support in 2015.

- One, or both, of the student’s parents paid child support in 2015. The parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student’s name and Colleague ID at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

**D. Certification and Signatures**

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

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

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

***Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the financial aid administrator at Del Mar College.***

Student Name: \_\_\_\_\_

Colleague ID: \_\_\_\_\_

<b>TO BE SIGNED AT THE INSTITUTION</b>
--

The student must appear in person at **Del Mar College** to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

**In addition, the student must sign, in the presence of the institutional official, the following:**

## Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational  
(Print Student's Name)

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 2016-2017.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Financial Aid Official's Signature

\_\_\_\_\_  
Date

***Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the financial aid administrator at Del Mar College.***