

**VERIFICATION STATUS 4
INDEPENDENT
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. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school 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 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 your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Independent 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. Independent Student’s Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your 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 you.
- Other people if they now live with you and you 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 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 your name and Colleague ID at the top.

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

Student Name: _____

Colleague ID: _____

C. Independent Student's Other Information to Be Verified

Complete this section if someone in the student'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 student's household received SNAP benefits in 2014 or 2015.
If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

Complete this section if you or your spouse, if married, paid child support in 2015.

Either I or, if married, my spouse (who is listed in **Section B** of this worksheet) paid child support in 2015. I have indicated below the name of the person(s) 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 my school, I will provide documentation of the payment of child support. If you need more space, attach a separate page that includes your name and Social Security Number 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(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

D. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet.

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

***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: _____

TO BE SIGNED AT THE INSTITUTION
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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

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