

2026-2027 VERIFICATION STATUS 4 DEPENDENT WORKSHEET

Student's Information

First Name _____ M.I. _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Primary Phone # _____ Secondary Phone # _____

Personal Email _____ Date of Birth _____ Student ID Number _____

Number of Household Members and Number in College

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

- The student.
- The parent's spouse, if the parent is married.
- The parent's or spouse's children if the parent or spouse will provide more than half of the children's support from **July 1, 2026**, through **June 30, 2027**, even if a child does not live the student.
- Other people if they now live with the student and the parent 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, 2027**.

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, 2026**, and **June 30, 2027**, 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
_____	_____	<i>Self</i>	<i>Del Mar College</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name: Age: Relationship: College: Will Be Enrolled at Least Half Time
_____ _____ _____ _____ Yes No

Full Name: Age: Relationship: College: Will Be Enrolled at Least Half Time
_____ _____ _____ _____ Yes No

Full Name: Age: Relationship: College: Will Be Enrolled at Least Half Time
_____ _____ _____ _____ Yes No

Full Name: Age: Relationship: College: Will Be Enrolled at Least Half Time
_____ _____ _____ _____ Yes No

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

Student Name: _____ Student ID #: _____

Certifications and Signatures

Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature (Required) _____

Date _____

Parent's Signature (Required) _____

Date _____

Del Mar College
Financial Aid Services
Email: financialaid@delmar.edu
<http://www.delmar.edu>

Heritage (East) Campus:
Harvin Center – Rm 263
Phone: (361) 698-1293
Fax: (361) 698-2017

West Campus:
Coleman Center – Rm 140
Phone: (361) 698-1726
Fax: (361) 698-269

Identity and Statement of Educational Purpose

(To Be Completed at the Institution)

Instructions: The student must appear in person at **Del Mar College** 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 **2026-2027**.

Student's Signature (Required) _____ Date _____

Student's ID Number _____

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 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 I _____ am the individual signing his 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 **2026-2027**.

Student's Signature (Required) _____ Date _____

Student's ID _____

Notary's Certificate of Acknowledgement

(Notary's certification may vary by State)

State of _____ City/County of _____

On _____ (Date), before me, _____ (Notary's
Name), personally appeared, _____, (Printed name of
signer) and proved to me because of satisfactory evidence of identification

_____ (Type of unexpired government-issued photo ID
provided) to be the above-name person who signed the foregoing
instrument.

WITNESS my hand and official seal

(Notary Signature) _____

My commission expires on (Date) _____

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