DEL MAR COLLEGE
FINANCIAL AID SERVICES

2026-2027
VERIFICATION STATUS 5
INDEPENDENT WORKSHEET

Student's Information

First Name _____ M.I. _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Primary Phone # _____ Secondary Phone # _____

DMC 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 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, 2026**, through **June 30, 2027**, 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, 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.

Student Name: _____ Student ID #: _____

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	*Self*	*Del Mar College*	☐ 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
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 postsecondary educational institutions is inaccurate.

Student Name: _____ Student ID #: _____

Verification of Student and Spouse Tax Filing Statement:

Complete this section if the student and spouse (if married**) filed or will file** a **2024** IRS income tax return(s). The best way to verify income and aid eligibility on the FAFSA form is by providing consent and approval to transfer 2024 federal tax information on the FAFSA application.

Important Notes: The instructions below apply to students and spouses (if married) included in the household. Please notify Del Mar College financial aid office if student and spouse filed separate IRS income tax returns for **2024** or had a change in marital status after **December 31, 2025**. If the student and spouse filed 'married filing separately," both contributor's tax return transcript for **2024** will need to be sent to the Office of Financial Aid.

Check the box that applies:

☐ The student and spouse **did provide consent** and **approval** to transfer **2024** federal tax information on the FAFSA application.

☐ The student and spouse **did not provide consent** and **approval** to transfer **2024** federal tax information on the FAFSA application. If the **2024** income tax information for the student was not available or could not be used, please provide Del Mar College Financial Aid Office with a **2024** IRS Tax Return Transcript(s) or a signed copy of the **2024** income tax return and applicable schedules.

Verification of Student and Spouse Nontax Filers Statement

Complete this section if the student and spouse (if married) **will not file** and **is not required** to file a **2024** income tax return with the IRS.

Check the box that applies:

☐ The student and spouse (if married) was not employed and had no income earned from work in **2024.**

☐ The student and spouse (if married) was employed in **2024** and have listed below the names of all employers, the amount earned from each employer in **2024**, and whether an IRS W-2 form, or an equivalent document is provided. It is **MANDATORY** to provide copies of all **2024** 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.

1. Employers Name: _____ Annual Amount Earned in 2024 _____

IRS W-2 or Equivalent Document Provided? ☐ Yes ☐ No

2. Employers Name: _____ Annual Amount Earned in 2024 _____

IRS W-2 or Equivalent Document Provided? ☐ Yes ☐ No

3. Employers Name: _____ Annual Amount Earned in 2024 _____

IRS W-2 or Equivalent Document Provided? ☐ Yes ☐ No

Student Name: _____ Student ID #: _____

Provide documentation from the IRS or other relevant tax authority dated on or after **October 1, 2025** that indicates a **2024** IRS income tax return was not filed with the IRS or other relevant tax authority, or a signed statement certifying that the individual attempted to obtain Verification of Non-filing (VNF) Letter from the IRS or other relevant tax authority and was unable to obtain the required documentation.

☐ Check here if the IRS Verification of Non-filing (VNF) Letter or a signed statement **is provided**.

☐ Check here if the IRS Verification of Non-filing (VNF) Letter or a signed statement **will be provided later**.

Verification of Income Information for Individuals with Unusual Circumstances

Instructions: Check the box that applies to the circumstance(s) listed below, if none apply leave blank.

Individuals Who Filed an Amended IRS Income Tax Return

☐ **Student** ☐ **Spouse**

An individual who filed an amended IRS income tax return for tax year 2024 must provide the following:

- A signed copy of the 2024 IRS Form 1040X, "Amended U.S. Individual Income Tax Return," that was filed with the IRS or documentation from the IRS that include the change(s) made by the IRS; **and**
- A 2024 IRS Tax Return Transcript that includes all of the income and tax information required to be verified; **or** a signed copy of the 2024 IRS Form 1040 and the applicable schedules that were filed with the IRS.

Individuals Who Were Victims of IRS Tax-Related Identity Theft

☐ **Student** ☐ **Spouse**

An individual who was the victim of IRS tax-related identity theft must provide:

- A Tax Return Database View (TRDBV) transcript obtained from the IRS, or if unable to obtain a TRDBV, an equivalent document provided by the IRS or a copy of the signed 2024 income tax return and applicable schedules the individual filed with the IRS; **and**
- A statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft, and that the IRS is aware of the tax-related identity theft.

Individuals Who Filed Non-IRS Income Tax Returns

☐ **Student** ☐ **Spouse**

A tax filer who filed an income tax return with a tax authority other than the IRS may provide a signed copy of his or her income tax return that was filed with the relevant tax authority. However, if we question the accuracy of the information on the signed copy of the income tax return, the tax filer must provide us with a copy of the tax account information issued by the relevant tax authority before verification can be completed.

Student Name: _____ Student ID #: _____

Certifications and Signatures

The student (and, if married) 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 _____

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

DEL MAR COLLEGE
FINANCIAL AID SERVICES

2026-2027
Identification Verification

Full Name:_____Student ID:_____Date of Birth:_____

STEP 1: Select only ONE option:

☐**Option 1: In-Person at DMC**

I will appear in person at DMC with a valid, unexpired government-issued photo ID (such as driver's license or passport). A college official will review and retain a copy of my ID.

☐**Option 2: Identity Verification via Notary**

I am unable to appear in person I will submit:
A copy of my unexpired, government-issued photo ID, and this completed form with the Notary's Certificate of Acknowledgement below:

STEP 2: Notary use only (Required only if option 2 is selected)

Notary's Certificate of Acknowledgement:

State of _____City/County of _____
On_____, before me, _____,
(Date) (Notary's Printed Name)
Personally appeared_____ and proved to me because of
(Printed name of signer)
satisfactory evidence of identification _____ to be the above-named person
(Type of unexpired government-issued photo ID)

(Seal) _____ (Notary Signature)

My commission expires:

NOTARY INSTRUCTIONS

Submit the original signed and notarized form including the front and back copy of the unexpired government-issued photo ID by mail to: Del Mar College Financial Aid Office 101 Baldwin Blvd Corpus Christi, TX 78404

Internal Verification

Check DOB with School_____DOB on ID_____ DOB on FAFSA_____

Financial Aid Authorized Signature:_____Date:_____