



**FINANCIAL AID OFFICE**  
**366 Luna Drive • Las Vegas, NM 87701**  
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# 2023-2024 Low (Zero) Income Clarification- Dependent

Please read the entire form, complete ALL sections, attach the requested documentation, sign the form, and return to the Financial Aid Office. By law, Luna Community College has the right to request this information before awarding financial aid. *Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed.* **Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

In reviewing your financial aid application, the family income appears unusually low. Please supply the information below to provide a better understanding of the family's **2021 income**. Please check ONLY the source(s) of income, benefits, or support provided by others in **2021** (Please indicate who received the assistance). **If the Financial Aid Office has reason to believe that the information is not accurate, we may require additional documentation.**

**Print Student's Name**

**LCC ID #**

Medicaid and/or SSI Benefits	___ Parent	___ Student
SNAP	___ Parent	___ Student
Free or Reduced Price School Lunch	___ Parent	___ Student
TANF Benefits	___ Parent	___ Student
WIC Benefits	___ Parent	___ Student
Child Support Received \$_____per year	___ Parent	___ Student
Veterans Benefits	___ Parent	___ Student

Education      Non-education    \$\_\_\_\_\_

Other- Please list and/or explain:

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*By my signature below, I certify that all the information reported on this form is complete and correct.*

\_\_\_\_\_  
**Student's Signature Required**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature Required**

\_\_\_\_\_  
**Date**