



## 2015-2016 LEGAL DEPENDENT(S) CERTIFICATION

STUDENT'S NAME: \_\_\_\_\_ SSN or LCC ID: \_\_\_\_\_  
(Print)

I certify, by my signature below, that I have *legal dependents* and they receive at least *51%* of their support from me. Furthermore, I certify that they will continue to get this support during the 2015-2016 school year. My dependents are listed below:

Name	Age	Relationship
<i>Suzy Doe</i>	<i>2</i>	<i>Daughter (example)</i>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Required for dependent students **ONLY**)

\_\_\_\_\_  
Date

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

Submit this worksheet to the Financial Aid Office at Luna Community College, 366 Luna Dr., Las Vegas, NM 87701.  
Fax to (505) 454-2539 or scan and email to [finaid@luna.edu](mailto:finaid@luna.edu). You should make a copy for your records.