



**OFFICE OF STUDENT FINANCIAL ASSISTANCE**  
**366 Luna Drive • Las Vegas, NM 87701**  
 (505) 454-2560 • (800) 588-7232 ext. 1036 • FAX: (505) 454-2539 • EMAIL: [finaid@luna.edu](mailto:finaid@luna.edu)

**2016-2017**  
**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 2016-2017 school year. My dependents are listed below:

Name	Age	Relationship
<i>Suzy Doe</i>	2	<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.**