

OFFICE OF STUDENT FINANCIAL ASSISTANCE 366 Luna Drive • Las Vegas, NM 87701

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2016 - 2017

Low (zero) Income Clarification- Dependent Student

Student Name (Print)

Student ID/SSN

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 *2015 income*.

Since your income was *zero*, please check <u>ONLY</u> the source(s) of income, benefits, or support provided by others in *2015* (Please indicate who received the assistance):

Housing Assistance	Parent	Student
Utility Assistance	Parent	Student
SNAP	Parent	Student
Unemployment	Parent	Student
Social Security Benefits	Parent	Student
Supplemental Security Income (SSI)	Parent	Student
Disability	Parent	Student
TANF	Parent	Student
Child Support	Parent	Student
Veterans Benefits	Parent	Student
Other- Please list and/or explain:		

If we have reason to believe that the information is not accurate, we may require additional documentation.

I certify that all information provided is complete and correct and that no representation is made with the intent to deceive or defraud any federal, state, or institutional aid program.

Parent Name (Print)

Parent Signature

Date

Student Signature

Date

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