



OFFICE OF STUDENT FINANCIAL ASSISTANCE

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2016 – 2017

Low (zero) Income Clarification- Independent Student

Student Name (*Print*) _____

Student ID/SSN _____

In reviewing your financial aid application, the income appears unusually low. Please supply the information below to provide a better understanding of your **2015 income**.

Since your income was **zero**, please check ONLY the source(s) of income, benefits, or support provided by others in **2015**:

- Housing Assistance
- Utility Assistance
- SNAP
- Unemployment
- Social Security Benefits
- Supplemental Security Income (SSI)
- Disability
- TANF
- Child Support
- Veterans Benefits
- 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.

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.