

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

2016–2017 Independent Verification Worksheet (V4)

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA.

Student's Date of Birth Student's Email Address Student's Alternate or Cell Phone Number high school completion status when the student will begin								
Student's Alternate or Cell Phone Number nigh school completion status when the student will begin								
nigh school completion status when the student will begin								
nows the date when the diploma was awarded.								
A copy of the student's General Educational Development (GED) certificate, an official GED transcript that indicates the student passed the exam, or a state-authorized high school equivalent certificate.								
For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.								
ompleted at least a two-year program that is acceptable for full								
For a homeschooled student from a state where state law requires the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.								
not require the student to obtain a secondary school completio its recognized equivalent), a transcript or the equivalent, signed pool courses the student completed and includes a statement cation in a homeschool setting.								
listed above must contact the financial aid office.								
J se: □ GED □ Other								
rii								

Initial _

Student's Name:							
C.	. Identity and statement of Educational Pu	rpose					
	identification (ID), such as, but not maintain a copy of the student's pl	nmunity College to verify my identity by presenting a valid government-issued photo limited to, a driver's license, other state-issued ID, or passport. The institution will noto ID that is annotated with the date it was received and the name of the official at the student's ID. (Complete Section 1).					
	1. The student must sign, in	the presence of the institutional official, the following:					
		Statement of Educational Purpose (To be signed at Luna Community College)					
	Leertify that I	am the individual signing this					
	(Prin Statement of Educational Purp	(Print Student's Name) Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending for 2016-2017.					
	(Name of Postsecondary Educ						
		Office Use:					
	(Student's Signature)	(Date)					
	(Student's ID Number)						
	2. If unable to appear in per provide:	Luna Community College to verify my identity. (Complete Section 2) rson at Luna Community College to verify his/her identity the student must represent issued photo identification (ID) that is asknowledged in the nature					
	(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and						
	(b) The original notarized	Statement of Educational Purpose provided below.					
Identity and Statement of Educational Purpose (To Be Signed With Notary)							
		Statement of Educational Purpose					
	(Print Student's Statement of Educational Purp	oose and that the Federal student financial assistance I for educational purposes and to pay the cost of attending for 2016-2017.					
	(6) 1 1/6						
	(Student's Signature)	(Date)					
	(Student's ID Number)						

Student's Name:	LCC ID:	
Notary	's Certificate of Acknowledgement	
State of		
City/County of		
On, before me,	(Notary's name)	
(Date)	(Notary's name)	
personally appeared,	, and provided to me	
	name of signer)	
on basis of satisfactory evidence of identific	ation	
to be the above-named person who signed	(Type of government-issued photo ID provided)	
WITNESS my hand and official seal		
(seal)	(Notary signature)	
My commission expires on(Date)		

WARNING:

If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Stı	udent's Name:		LCC ID:					
D.	Child Support Paid							
wh sup	o paid the child support, the port was paid, and the total	name of the person to whom the channual amount of child support tha		child for whom the				
If n	nore space is needed, provide	e a separate page that includes the	student's name and ID number at the t	op.				
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015				
	 A copy of the separation agreement or divorce decree that shows the amount of child support to be provided; A signed statement from the individual receiving the child support certifying the amount of child support received; or Copies of the child support payment checks, money order receipts, or similar records of electronic payments having beer made. Supplemental Nutrition Assistance Program (SNAP) 							
Ple	lease check a box. The student certifies that a member of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. NOTE: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require							
	documentation from the agency that issued the SNAP benefits in 2014 or 2015. The student certifies that NO members of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015.							
F.	Certifications and Signatu	res						
	The student whose information was reported on the FAFSA must sign and date. Each person signing below certifies that all of the information reported is complete and correct.							
	Student Signature		Date					
	Spouse's Signature (Option.	al)	Date					
	WARNING:							

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