2017-2018
Low (Zero) Income
Clarification- Dependent

Please read the entire form, complete ALL sections, attach the requested documentation, sign the form, and return to the Financial Aid Office. By law, Luna Community College has the right to request this information before awarding financial aid. If there are differences between the information submitted and your Free Application for Federal Student aid (FAFSA) the school will make the necessary changes. *Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed.* **Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

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 ONLY the source(s) of income, benefits, or support provided by others in **2015 (**Please indicate who received the assistance):

_____   _____
Student Name *(Print)*   LCC ID or SSN

☐ 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

☐ Education ☐ Non-education $_____

☐ Other- Please list and/or explain:

_____
_____
_____

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

By my signature below, I certify that all the information reported on this form is complete and correct.

_____   _____
Student Name *(print)*   Student Signature   Date

_____   _____

FINANCIAL AID OFFICE

366 Luna Drive • Las Vegas, NM 87701

(505) 454-2560 • (800) 588-7232 ext. 1036

FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

Parent Name *(print)*   Parent Signature   Date