

FINANCIAL AID OFFICE

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2017-2018 Verification Worksheet **Dependent V5**

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.

| A. Student's Information | | |
|--|----------------|--|
| Student's Last Name First N | lame M.I. | LCC ID or Social Security Number |
| Student's Street Address (include apt. | . no.) | Student's Date of Birth |
| City State Zip Code | | Student's Email Address |
| Student's Home Phone Number (inclu | ude area code) | Student's Alternate or Cell Phone Number |

B. Dependent Student Family Information

List the people in *your parents' household*. Include:

- Yourself.
- Your parents (including stepparent) even if you don't live with your parents.
- Your parents' other children if your parents will provide more than half of their support from July 1, 2017 through June 30, 2018. Include children even if they don't live with your parents.
- Other people if they now live with your parents and your parents will provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2018.

Number in College: Include the name of the college for any household member listed, who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2017, and June 30, 2018.

| Full Name | Age | Relationship | College or University | Will be Enrolled at Least Half Time |
|-----------|-----|--------------|------------------------|--|
| | | Self | Luna Community College | |
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If more space is needed, attach a separate page with the student's name and LCC ID at the top.

| Stu | Student Name: | LCC I | D: | | | | |
|-----|---|------------------------|-----------------------|--------------------|--|--|--|
| c. | STUDENT- 2015 IRS Income Tax Return Information | | | | | | |
| | Check the box that applies: | | | | | | |
| | The STUDENT has <i>filed or will file</i> a 2015 IRS Income Tax Return. GO | TO SECTION D. | | | | | |
| | The STUDENT will not and is not required to file a 2015 IRS Income T | ax Return. GO T | O SECTION E. | | | | |
| D. | D. Verification of 2015 IRS Income Tax Information- STUDENT (Tax F | ilers ONLY) | | | | | |
| | TAX RETURN FILERS- Complete this section if the STUDENT <u>filed or will fil</u> verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part aid office if more information is needed about using the IRS DRT. | | | • | | | |
| | Check the box that applies: | | | | | | |
| | The STUDENT <u>has used or will use</u> the IRS DRT feature while complet tax return information. The STUDENT will submit copies of all 2015 N | _ | | er 2015 IRS income | | | |
| | The STUDENT <u>was unable or chooses not to</u> use the IRS DRT feature will provide LCC a 2015 IRS Tax Return Transcript and copies of all 20 | | | Web, and instead | | | |
| | To obtain a 2015 IRS Tax Return Transcript: Online Request- Go to www.IRS.gov, under the Tools heading, Transcript ONLINE" or "Get Transcript by MAIL". Make sure to Account Transcript" will NOT be accepted. Telephone Request - 1-800-908-9946 Paper Request - IRS Form 4506-T must be completed and subm | request the "IRS | • | | | | |
| E. | E. Verification of Non-tax Filer- STUDENT | | | | | | |
| | NON-TAX FILER - Complete this section if the STUDENT will not file and is | not required to | file a 2015 tax retur | n with the IRS. | | | |
| | Check the box that applies: | | | | | | |
| | The STUDENT was not employed and had no income earned from work in 2015. | | | | | | |
| | The STUDENT was employed in 2015 and has listed below the names employer in 2015, and whether an IRS W-2 form is provided. (Provident by his/her employers). List every employer even if the employers | le copies of all 20 | 015 IRS W-2 forms is | | | | |
| | Employer's Name | 2015 Amount Earned | IRS W-2 Provided? | | | | |
| | Suzy's Auto Body Shop (example) | \$2,000.00 | Yes | | | | |

| Stu | tudent Name: | LCC I | D: | |
|--|--|-----------------------------|------------------------|---------------------|
| F. | . PARENTS- 2015 IRS_Income Tax Return Information | | | |
| | Check the box that applies: | | | |
| | The PARENTS have <u>filed or will file</u> a 2015 IRS Income Tax Return. | GO TO SECTION G | | |
| | The PARENTS will not and are not required to file a 2015 IRS Inco | me Tax Return. GC | TO SECTION H. | |
| G. | i. Verification of 2015 IRS Income Tax Information- <i>PARENT</i> (Tax | Filers ONLY) | | |
| | TAX RETURN FILERS- Complete this section if the PARENT(S) <u>filed or wards</u> verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is paid office if the parents filed separate IRS income tax returns for 2015 at 2015. | art of the FAFSA or | line application. Co | ntact the financial |
| | Check the box that applies: | | | |
| | The PARENTS <u>have used or will use</u> the IRS DRT feature while con income tax return information. The PARENT will submit copies of | - | | |
| | The PARENTS were unable or chose not to use the IRS DRT featur will provide LCC a 2015 IRS Tax Return Transcript and copies of all | | | /eb, and instead |
| | To obtain a 2015 IRS Tax Return Transcript: Online Request- Go to www.IRS.gov, under the Tools headin Transcript ONLINE" or "Get Transcript by MAIL". Make sure Account Transcript" will NOT be accepted. Telephone Request- 1-800-908-9946 Paper Request - IRS Form 4506T-EZ or 4506-T must be compared. | to request the "IRS | Tax Return Transcr | |
| н. | . Verification of Non-tax Filer- PARENTS | | | |
| | NON-TAX FILERS- Complete this section if the PARENTS will not file an | <u>d are not required</u> t | to file a 2015 tax ret | urn with the IRS. |
| | Check the box that applies: | | | |
| | The PARENTS were not employed and had no income earned from | n work in 2015. | | |
| The PARENTS were employed in 2015 and have listed below the names of all employers, the amount earned from employer in 2015, and whether an IRS W-2 form is provided. (Provide copies of all 2015 IRS W-2 forms issued to parents by his/her employers). List every employer even if the employer did not issue an IRS W-2 form. | | | | |
| | Employer's Name | 2015 Amount Earned | IRS W-2 Provided? | |
| | Suzy's Auto Body Shop (example) | \$2,000.00 | Yes | |
| | | | | |

| Employer's Name | 2015 Amount Earned | IRS W-2 Provided? |
|---------------------------------|-----------------------|----------------------|
| Suzy's Auto Body Shop (example) | \$2,000.00 | Yes |
| | | |
| | | |

| | ent Name: LCC ID: | | | | |
|---|--|--|--|--|--|
| | High School Completion Status | | | | |
| | Provide <u>one</u> of the following documents that indicate the student's high school completion status when the student will begin college in 2017–2018: | | | | |
| | A copy of the student's high school diploma. | | | | |
| | For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document. | | | | |
| A copy of the student's final official high school transcript that shows the date when the diploma was awarded. | | | | | |
| | A state certificate or transcript received by a student after the student passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma (GED test, HiSET, TASC, or other State-authorized examination). | | | | |
| An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full | | | | | |
| | credit toward a bachelor's degree. For a student who was homeschooled in a state where state law requires the student to obtain a secondary school completion | | | | |
| For a student who was homeschooled in a state where state law requires the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a copy of that credential. | | | | | |
| | For a student who was homeschooled in a state where state law does not require the student to obtain a secondary school | | | | |
| | completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a transcript, or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and | | | | |
| | ncludes a statement that the student successfully completed a secondary school education in a homeschool setting. | | | | |
| | A student who is unable to obtain the documentation listed above must contact the financial aid office. | | | | |
| | Office Use: | | | | |
| | | | | | |
| | ☐ Transcript ☐ HS Diploma ☐ GED ☐ Other | | | | |
| | Financial Aid Staff Initials | | | | |
| | Financial Aid Staff Initials | | | | |
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| | Financial Aid Staff Initials | | | | |
| | Financial Aid Staff Initials dentity and statement of Educational Purpose | | | | |
| | Financial Aid Staff Initials Identity and statement of Educational Purpose Check the box that applies: I will appear in person at Luna Community College to verify my identity by presenting an expired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's I | | | | |
| | Identity and statement of Educational Purpose Check the box that applies: I will appear in person at Luna Community College to verify my identity by presenting an expired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's I (Complete Section 1). | | | | |
| | Identity and statement of Educational Purpose Check the box that applies: I will appear in person at Luna Community College to verify my identity by presenting an expired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's I (Complete Section 1). I am unable to appear in person at Luna Community College to verify my identity. (Complete Section 2) | | | | |
| | Identity and statement of Educational Purpose Check the box that applies: I will appear in person at Luna Community College to verify my identity by presenting an expired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's I (Complete Section 1). I am unable to appear in person at Luna Community College to verify my identity. (Complete Section 2) 1. The student must sign, in the presence of the institutional official, the following: Statement of Educational Purpose | | | | |
| | dentity and statement of Educational Purpose Check the box that applies: I will appear in person at Luna Community College to verify my identity by presenting an expired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's I (Complete Section 1). I am unable to appear in person at Luna Community College to verify my identity. (Complete Section 2) 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) | | | | |
| | Identity and statement of Educational Purpose Check the box that applies: I will appear in person at Luna Community College to verify my identity by presenting an expired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's I (Complete Section 1). I am unable to appear in person at Luna Community College to verify my identity. (Complete Section 2) 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) I certify that I am the individual signing this Statement of Educational Purpose (Print Student's Name) | | | | |

(Date)

Office Use:

Initial: ___ Date: ___ ID used: _

(Student's Signature)

(Student's ID Number)

| Student Name: _ | | | | | LCC ID: | |
|-----------------|---|---|------------------------|---|---|--|
| | 2. | If unable to appear in person at Luna Community College to verify his/her identity, the student must provide: | | | | |
| | | | w, or that is prese | | entification (ID) that is acknowledged in the n as, but not limited to, a driver's license, othe | |
| | | | a separate page th | nan the Statement of | elow, which must be notarized. If the notary Educational Purpose, there must be a clear document notarized. | |
| | | ld | - | ent of Educational Pu the Presence of a Note | | |
| | I ce | ertify that I(Print St | udent's Name) | _ am the individual siរុ | gning this Statement of Educational Purpose | |
| | and | d that the Federal stude | nt financial assista | nce I may receive will | only be used for educational purposes and to | |
| | pay | \prime the cost of attending $_$ | (Name of Postsecond | ary Educational Institution | for 2017-2018. | |
| | (Stu | dent's Signature) | | (Date) | | |
| | (Stu | dent's ID Number) | | | | |
| | Notary's Certificate of Acknowledgement | | | | | |
| | Sta | te of | | City/County of | | |
| | On_ | (Date) | , before me, | (Notary's name) | , personally appeared, | |
| | | (Printed name of signe | er) | | led to me on basis of satisfactory | |
| | evi | dence of identification _ | (Type of unexpired gov | ernment-issued photo ID p | to be the above-named person | |
| | wh | o signed the foregoing i | nstrument. | | | |

(Notary signature)

WITNESS my hand and official seal

My commission expires on _____

(Date)

(seal)

| Stu | ident Name: | LCC ID: | | | | |
|-----|--|---|--|--|--|--|
| K. | Receipt of other Federal Benefits | | | | | |
| | The PARENTS certify that a member of the ho | ousehold received the following benefits sometime during 2015-2016: | | | | |
| | Medicaid or Supplemental Secu Supplemental Nutrition Assistan Free or Reduced Price School Lu Temporary Assistance for Need Special Supplemental Nutrition | nce Program (SNAP) unch | | | | |
| L. | Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct. | | | | | |
| | Printed Student's Name | LCC ID or Social Security Number | | | | |
| | Student's Signature | | | | | |
| | Parent's Signature | | | | | |

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