



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

2018-2019 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 **2016 income**. Since your income was **zero**, please check ONLY the source(s) of income, benefits, or support provided by others in **2016** (Please indicate who received the assistance). **If the Financial Aid Office has reason to believe that the information is not accurate, we may require additional documentation.**

 Student Name (*Print*) _____ LCC ID #

- | | | | |
|--------------------------|--|------------|-------------|
| <input type="checkbox"/> | Housing Assistance | ___ Parent | ___ Student |
| <input type="checkbox"/> | Utility Assistance | ___ Parent | ___ Student |
| <input type="checkbox"/> | SNAP | ___ Parent | ___ Student |
| <input type="checkbox"/> | Unemployment | ___ Parent | ___ Student |
| <input type="checkbox"/> | Social Security Benefits | ___ Parent | ___ Student |
| <input type="checkbox"/> | Supplemental Security Income (SSI) | ___ Parent | ___ Student |
| <input type="checkbox"/> | Disability | ___ Parent | ___ Student |
| <input type="checkbox"/> | TANF | ___ Parent | ___ Student |
| <input type="checkbox"/> | Child Support \$ _____ per year | ___ Parent | ___ Student |
| <input type="checkbox"/> | Veterans Benefits | ___ Parent | ___ Student |
| <input type="checkbox"/> | <input type="checkbox"/> Education <input type="checkbox"/> Non-education \$ _____ | | |
| <input type="checkbox"/> | Other- Please list and/or explain: | | |

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

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

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