



Office of Student Financial Assistance

366 Luna Dr. • Las Vegas, NM 87701

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**2013-2014
LEGAL DEPENDENT(S) CERTIFICATION**

STUDENT'S NAME: _____ **SSN or LCC ID:** _____
(Print)

I certify, by my signature below, that I have *legal dependents* and they receive at least *51%* of their support from me. Furthermore, I certify that they will continue to get this support during the 2013-2014 school year. My dependent(s) are listed below:

Name	Age	Relationship
<i>Suzy Doe</i>	2	<i>Daughter (example)</i>

Student Signature

Date

Parent Signature (Required for dependent students **ONLY**)

Date

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