



FINANCIAL AID OFFICE
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2018-2019 Verification Worksheet Independent 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 Name M.I.

LCC ID #

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 (include area code)

Student's Alternate or Cell Phone Number

B. Independent Student Family Information

List the people in your household. Include:

- Yourself.
- Your spouse (if married).
- Your children or your spouse's children if you or your spouse will provide more than half of the child's support from July 1, 2018 through June 30, 2019, even if the child does not live with student.
- Other people if they now live with you and you or your spouse will provide more than half of the other person's support, and will continue to provide more than half of their support through June 30, 2019.

Number in College: Include the name of the college for any household member listed, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019.

Full Name	Age	Relationship	College or University	Will be Enrolled at Least Half Time
		Self	<i>Luna Community College</i>	

If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Student Name: _____

LCC ID #: _____

C. STUDENT and/SPOUSE- 2016 IRS Income Tax Return Information

Check the box that applies:

- The STUDENT and/or SPOUSE has **filed or will file** a 2016 IRS Income Tax Return. **GO TO SECTION D.**
- The STUDENT and/or SPOUSE **will not and is not required** to file a 2016 IRS Income Tax Return. **GO TO SECTION E.**

D. Verification of 2016 IRS Income Tax Information- STUDENT and/or SPOUSE (Tax Filers ONLY)

TAX RETURN FILERS- Complete this section if the **STUDENT and/or SPOUSE filed or will file** a 2016 IRS income tax return(s). The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of the FAFSA online application. *Contact the financial aid office if the student and spouse filed separate IRS income tax returns for 2016 or had a change in marital status after December 31, 2016.*

Check the box that applies:

- The STUDENT and/or SPOUSE **has used or will use** the IRS DRT feature while completing the *FAFSA on the Web* to transfer 2016 IRS income tax return information.
- The STUDENT and/or SPOUSE **was unable or chooses not to** use the IRS DRT feature while completing the FAFSA on the Web, and instead *will provide LCC a 2016 IRS Tax Return Transcript.*

To obtain a 2016 IRS Tax Return Transcript:

- **Online Request-** Go to www.irs.gov, under the *File* heading, click on the “*Get Your Tax Record*”. Click “*Get Transcript Online*” or “*Get Transcript by Mail*”. Make sure to request the “IRS Tax Return Transcript”. An “IRS Tax Account Transcript” will NOT be accepted.
- **Telephone Request-** 1-800-908-9946
- **Paper Request -** IRS Form 4506-T must be completed and submitted to the IRS

E. Verification of Non-tax Filer- STUDENT and SPOUSE

NON-TAX FILER - Complete this section if the **STUDENT and SPOUSE will not file and is not required** to file a 2016 tax return with the IRS. All non-tax filers **MUST** submit a “*Verification of Nonfiling*” from the IRS to the Financial Aid Office.

Check the box that applies:

- The STUDENT and/or SPOUSE **were not employed** and had no income earned from work in 2016. The STUDENT *will submit a “Verification of Nonfiling” from the IRS. (IRS 4506-T must be completed and submitted to the IRS)*
- The STUDENT and/or SPOUSE **was employed** in 2016 and has listed below the names of all employers, the amount earned from each employer in 2016, and whether an IRS W-2 form was provided or not. List every employer even if the employer did not issue an IRS W-2 form.

Employer’s Name	2016 Amount Earned	IRS W-2 Provided?
<i>Suzy’s Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<i>Yes</i>

Student Name: _____

LCC ID #: _____

(Student's ID Number)

2. If unable to appear in person at Luna Community College to verify his/her identity, the student must provide:

(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and

(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary)

I certify that I _____ am the individual signing this *Statement of Educational Purpose*
(Print Student's Name)

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 2018-2019.
(Name of Postsecondary Educational Institution)

(Student's Signature) (Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Notary's name)
_____, and provided to me on basis of satisfactory
(Printed name of signer)

evidence of identification _____ to be the above-named person
(Type of unexpired government-issued photo ID provided)

who signed the foregoing instrument.

WITNESS my hand and official seal

(seal) _____
(Notary signature)

My commission expires on _____
(Date)

Student Name: _____

LCC ID #: _____

H. Receipt of other Federal Benefits

The STUDENT certifies that a member of the household received the following benefits sometime during 2016-2017:

- Medicaid or Supplemental Security Income
- Supplemental Nutrition Assistance Program (SNAP)
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

I. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

Printed Student's Name

LCC ID #

Student's Signature

Date

Spouse's Signature (Optional)

Date

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