



FINANCIAL AID OFFICE
 366 Luna Drive • Las Vegas, NM 87701
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 FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

2022-2023 Low (Zero) Income Clarification- Independent

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. *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 **2020 income**. Please check ONLY the source(s) of income, benefits, or support provided by others in **2020**. **If the Financial Aid Office has reason to believe that the information is not accurate, we may require additional documentation.**

 Print Student's Name

 LCC ID #

Medicaid and/or SSI Benefits

SNAP

Free or Reduced Price School Lunch

TANF Benefits

WIC Benefits

Child Support Received \$_____per year

Veterans Benefits

Education Non-education \$_____

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's Signature Required

 Date