

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

2019-2020 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 FAFSA we will make the necessary corrections. *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.*

A. Student's Information				
Student's Name	LCC ID #			
Student's Email Address	Student's Phone Number (Include area code)			

B. Family Information

List the people in *the student's household*. Include:

- The student.
- The student's spouse (if married).
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2019, through June 30, 2020, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides 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, 2020.

Number in College: Include in the space below information about any household member who is, or 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, 2019, and June 30, 2020, and include the name of the college.

Full Name	Age	Relationship	College or University	Will be Enrolled at
				Least Half Time
				(yes or no)
		Self	Luna Community College	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Stu	Student Name:	LCC ID #:			
C.	C. STUDENT and/or SPOUSE- 2017 IRS Income Tax Res	turn Information			
	Check the box that applies:				
	The STUDENT and/or SPOUSE has <i>filed or will file</i> a 2017 IRS Income	e Tax Return. GO TO SECTION D) .		
	The STUDENT and/or SPOUSE will not and is not required to file a 20	017 IRS Income Tax Return. GC	O TO SECTION E.		
D.	Verification of 2017 IRS Income Tax Information- STUDENT and/or SPOUSE (Tax Filers ONLY)				
	ncome tax return(s). The ne application. <i>Contact</i> If a change in marital				
	Check the box that applies:				
	The STUDENT and/or SPOUSE <u>has used or will use</u> the IRS DRT feature while completing the <i>FAFSA on the Web</i> to transfer 2017 IRS income tax return information.				
	The STUDENT and/or SPOUSE <u>was unable or chooses not to</u> use the IRS DRT feature while completing the FAFSA on the Web, and instead will provide LCC a 2017 IRS Tax Return Transcript.				
	 To obtain a 2017 IRS Tax Return Transcript: Online Request- Go to www.IRS.gov, 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. Automated Telephone Request- 1-800-908-9946 Paper Request - IRS Form 4506-T must be completed and submitted to the IRS 				
Ε.	E. Verification of Nontax Filer- STUDENT and SPOUSE				
	NONTAX FILER - Complete this section if the STUDENT <u>will not file and is</u> non-tax filers MUST submit a "Verification of Nonfiling" from the IRS to t		return with the IRS. All		
	Check the box that applies:				
 The STUDENT and/or SPOUSE were not employed and had no income earned from work in 2017. The STUDENT and/or SPOUSE 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 2017 and has listed below the names of all employers, the amount earne from each employer in 2017, and whether an IRS W-2 form was provided or not. List every employer even if the employed did not issue an IRS W-2 form. 					
					Employer's Name
	(Example) ABC's Auto Body Shop	Yes	\$4,500.00		

Total Amount of Income Earned From Work

\$

udent Name: _				LCC	ID #:
_			the student's hig	n school complet	ion status when the student will begin
A		-la -li-al			
	e student's high so s who completed s		n foreign country.	a copy of the "se	econdary school leaving certificate" or
other similar		,	7,		,
A State certi recognizes a An academic credit towar	ificate or transcrip is the equivalent o c transcript that in rd a bachelor's deg	f a high school diploma dicates the student succ gree.	after the student (GED test, HiSET, cessfully complet	passed a State-au TASC, or other St ed at least a two-	uthorized examination that the State cate-authorized examination). year program that is acceptable for full
credential fo	or homeschooling	other than a high school	ol diploma or its r	ecognized equiva	obtain a secondary school completion lent), a copy of that credential. udent to obtain a secondary school
				·	nized equivalent), a transcript, or the
equivalent,	signed by the stud	ent's parent or guardiar	, that lists the se	condary school co	ourses the student completed and
includes a st	catement that the	student successfully cor	npleted a second	ary school educa	tion in a homeschool setting.
• -		alala da aldada dha da			and the fire and the office
AS	student who is una	able to obtain the docu	mentation listed	above must cont	act the financial aid office.
			Office Use:		
	☐ Transcript	☐ HS Diploma	□ GED	□ Other	
		F:			
		Financial Aid St	aff Initials		
identity	and stateme	nt of Educationa	Purpose		
Check the b	ox that applies:				
issu inst rec	ued photo identific titution will mainta	cation (ID), such as, but ain a copy of the studen d, and the name of the	not limited to, a o	river's license, ot s annotated by tl	senting an expired valid government- ther state-issued ID, or passport. The ne institution with the date it was d to receive and review the student's II
☐ I ar	m unable to appea	ar in person at <u>Luna Con</u>	nmunity College t	o verify my ident	ity. (Complete Section 2)
	1. The student	must sign, in the prese	nce of the institu	tional official, th	e following:
			Statement of Edu be signed at Lund	=	
	I certify that I	(Print Student's Name)	am the ind	vidual signing thi	s Statement of Educational Purpose
	and that the Fed	eral student financial as	sistance I may re	eive will only be	used for educational purposes and to
	pay the cost of a	ttending <u>Luna Commun</u>	ity College for 20	19-2020.	
					Office Use:
	(Student's Signature)	<u> </u>	(Date)		Initial: Date:
	(Staucht 3 Signature)	•	(Date)		15

(LCC 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:
 - (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 assist	ance I may receive will only be used for educational purposes and to
pay the cost of attending Luna Community	<u>College</u> for 2019-2020.
(Student's Signature)	(Date)
(LCC ID Number)	
Notary	's Certificate of Acknowledgement
State of	City/County of
(Date)	, personally appeared, (Notary's name), and provided to me on basis of satisfactory
evidence of identification(Type of unexpired go	to be the above-named person overnment-issued photo ID provided)
who signed the foregoing instrument.	
WITNESS my hand and official seal	
(seal)	(Notary signature)
My commission expires on(Date)	

Stu	dent Name:	LCC ID #:				
н.	Receipt of other Federal Benefits					
	The STUDENT certifies that a member of the househol sometime during 2017-2018:	d (listed in Section B. Family Information), received the following benefits				
	Medicaid or Supplemental Security Incom Supplemental Nutrition Assistance Progra Free or Reduced Price School Lunch Temporary Assistance for Needy Families Special Supplemental Nutrition Program	am (SNAP)				
I.	Certifications and Signatures					
	Each person signing below certifies that all of the information reported is complete and correct.	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.				
	Print Student's Name	LCC ID #				
	Student's Signature (Required)	Date				
	Spouse's Signature (Optional)	 Date				