

**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](mailto:finaid@luna.edu)**

# 2020-2021 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. *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 **2018 income**. Please check ONLY the source(s) of income, benefits, or support provided by others in **2018** (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"/> WIC	____ 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