

## 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 V1

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	dent Name:	LCC ID #:				
C.	STUDENT and/or SPOUSE- 2017 IRS Income Tax Return Information					
	Check the box that applies:					
	☐ The STUDENT and/or SPOUSE has <i>filed or will file</i> a 2017 IRS In	come Tax Return. <b>GO TO SECTION </b> E	).			
	☐ The STUDENT and/or SPOUSE will not and is not required to fi	e a 2017 IRS Income Tax Return. <b>GC</b>	O TO SECTION E.			
D.	Verification of 2017 IRS Income Tax Information- STUDENT and/or SPOUSE (Tax Filers ONLY)					
	TAX RETURN FILERS- Complete this section if the STUDENT and/or SPOUSE <u>filed or will file</u> a 2017 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. <b>Contact</b> the financial aid office if the student and spouse filed separate IRS income tax returns for 2017 or had a change in marital status after December 31, 2017.					
	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 <i>will provide LCC a 2017 IRS Tax Return Transcript</i> .					
	<ul> <li>Transcript by Mail". Make sure to request the "IRS Tax R be accepted.</li> <li>Automated Telephone Request- 1-800-908-9946</li> </ul>	www.IRS.gov, click on the "Get Your Tax Record". Click "Get Transcript Online" or "Get ake sure to request the "IRS Tax Return Transcript". An "IRS Tax Account Transcript" will NOT Request- 1-800-908-9946				
<ul> <li>Paper Request - IRS Form 4506-T must be completed and submitted to the IRS</li> </ul>						
E.	<b>Verification of Nontax Filer- STUDENT and SPO</b>	USE				
	<b>NONTAX FILER</b> - Complete this section if the STUDENT <u>will not file of</u> non-tax filers <b>MUST</b> submit a "Verification of Nonfiling" from the IR		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/o SPOUSE will submit a "Verification of Nonfiling" from the IRS. (IRS 4506-T must be completed and submitted to the IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					
	Employer's Name	IRS W-2 or an Equivalent Document Provided?	Annual Amount Earned in 2017			
	(Example) ABC's Auto Body Shop	Yes	\$4,500.00			

Total Amount of Income Earned From Work

\$

Stu	dent Name:	LCC ID #:	
F.	Receipt of other Federal Benefits		
	The STUDENT certifies that a member of the household (sometime during 2017-2018:	(listed in Section B. Family Information), received the fol	lowing benefits
	<ul> <li>Medicaid or Supplemental Security Income</li> <li>Supplemental Nutrition Assistance Program</li> <li>Free or Reduced Price School Lunch</li> <li>Temporary Assistance for Needy Families (Topical Supplemental Nutrition Program for</li> </ul>	n (SNAP)	
G.	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	