

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

2021-2022 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 **2019** *income*. Please check <u>ONLY</u> the source(s) of income, benefits, or support provided by others in **2019**. If the Financial Aid Office has reason to believe that the information is not accurate, we may require additional documentation.

rint 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:	
y my signatu	re below, I certify that all the information repo	rted on this form is complete and correct.