

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

2022-2023 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 **2020** income. Please check <u>ONLY</u> the source(s) of income, benefits, or support provided by others in **2020** (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.

Print Student's Name		LCC ID #	
	Medicaid and/or SSI Benefits	Parent	Student
	SNAP	Parent	Student
	Free or Reduced Price School Lunch	Parent	Student
	TANF Benefits	Parent	Student
	WIC Benefits	Parent	Student
	Child Support Received \$per year	Parent	Student
	Veterans Benefits	Parent	Student
	Education Non-education \$		
	Other- Please list and/or explain:		
By my signatui	re below, I certify that all the information report	ted on this form is co	omplete and correct.
Student's Signature Required		Date	
Parent's Signature Required		Date	