

**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)**

# 2025-2026 Dependent Support Documentation

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**Print Student's Name**

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**LCC ID #**

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**Student's LCC Email Address**

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**Student's Phone Number (include area code)**

Your status as an independent student for financial aid purposes is based on your response to the questions on your FAFSA. You indicated that you have at least one child or other dependents who will receive more than half of their support from you between July 1, 2024, and June 30, 2025. We require verification of this status. Complete this form and submit any applicable documentation to our office. Your eligibility for financial aid cannot be determined until the verification process is complete.

**In the space below, list your qualified dependent(s). Include your children if they receive MORE THAN HALF of their support from you, even if they do not live with you. Include other people only if they meet the following criteria: They currently live with you AND they receive MORE THAN HALF of their support from you AND they will CONTINUE to receive this support from you through June 30, 2026.**

Dependent(s) Name	Date of Birth	Relationship to You
*support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses. You may be required to provide receipts to support your claim of people other than your children.		
<b>Is the dependent(s) listed above your biological or adopted child?</b>		YES NO
If YES, provide a copy of the dependent(s) birth certificate or adoption decree.		
<b>Did you claim the named dependent(s) above on your 2023 Federal Tax Return?</b>		YES NO
If YES, provide a copy of your 2023 IRS Tax Return Transcript, available at <a href="http://www.irs.gov">www.irs.gov</a> (see How to obtain a Tax Return Transcript) If NO, list the name of the person who claimed the dependent(s) and their relationship to you:		
<b>Are you the custodial parent of the dependent(s) listed above?</b>		YES NO
If NO, submit a notarized statement from the custodial parent confirming you contribute more than half of the dependent's support.		
<b>Is the dependent listed above an unborn child due between July 1, 2025 – June 30, 2026?</b>		YES NO
If YES, submit a statement from your doctor that includes your anticipated delivery date.		
<b>Does your dependent(s) live with you?</b>		YES NO
If NO, list the name of the person your dependent(s) live with:		
<b>You MUST include evidence to demonstrate how you provide more than half of the cost of supporting your dependent(s). Check all that apply that you have included:</b>		
	Documentation of current employment (copy of most recent paystub showing year-to-date earnings)	
	Documentation of child support received or paid in 2024 and expected to receive in 2025.	
	Documentation to verify other sources of income or financial resources (ex. SNAP, TANF, WIC, SSI, etc.)	
<b>If the dependent(s) listed above is a child, answer the following:</b>		
<b>Does your parent or relatives provide financial support for your child?</b>		YES NO
If YES, list the type, amount, and frequency of support provided below (e.g. clothing, food, medical care):		
Do you have childcare provider expenses?	YES NO	If YES, do you pay for these? YES NO

**SIGNATURE REQUIRED:** I certify that the information reported on this form and any attachments are true, complete, and accurate as of the date the FAFSA was filed. False statements or representations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

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**Student Signature Required**

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**Date**