

**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 ONLY 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 #**

<input type="checkbox"/> Medicaid and/or SSI Benefits	___ Parent	___ Student
<input type="checkbox"/> SNAP	___ Parent	___ Student
<input type="checkbox"/> Free or Reduced Price School Lunch	___ Parent	___ Student
<input type="checkbox"/> TANF Benefits	___ Parent	___ Student
<input type="checkbox"/> WIC Benefits	___ Parent	___ Student
<input type="checkbox"/> Child Support Received \$_____ per year	___ Parent	___ Student
<input type="checkbox"/> Veterans Benefits	___ Parent	___ Student

☐ Education ☐ Non-education \$_____☐ 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's Signature Required**Date****Parent's Signature Required****Date**