

2022-2023 Verification Worksheet Independent V5

366 Luna Drive • Las Vegas, NM 87701 (505) 454-2560 • (800) 588-7232 ext. 1036 FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

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.

A. Student's Information	
Print Student's Name	LCC ID #
Student's LCC 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, 2022, through June 30, 2023, 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, 2023.

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, 2022, and June 30, 2023, 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	udent Name:	LCC ID #:	
C.	. STUDENT and/or SPOUSE- 2020 IRS Income Tax Re	eturn Information	
	Check the box that applies:		
	☐ The STUDENT and/or SPOUSE has <i>filed or will file</i> a 2020 IRS Incom	me Tax Return. GO TO SECTION D).
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	2020 IRS Income Tax Return. GC	TO SECTION E.
D.	. Verification of 2020 IRS Income Tax Information-ONLY)	STUDENT and/or SPOU	ISE (Tax Filers
	TAX RETURN FILERS- Complete this section if the STUDENT and/or SPC best way to verify income is by using the IRS Data Retrieval Tool (IRS Dithe financial aid office if the student and spouse filed separate IRS incostatus after December 31, 2020.	RT) that is part of the FAFSA onlin	ne application. <i>Contact</i>
	Check the box that applies:		
	The STUDENT and/or SPOUSE <u>has used or will use</u> the IRS DRT fea 2020 IRS income tax return information.	ture while completing the FAFSA	on the Web to transfer
	The STUDENT and/or SPOUSE was unable or chooses not to use the Web, and instead will provide LCC a 2020 IRS Tax Return Transcrip		ing the FAFSA on the
	To obtain a 2020 IRS Tax Return Transcript:		
	 Online Request- Go to www.IRS.gov, click on the "Get Your T Transcript by Mail". Make sure to request the "IRS Tax Return be accepted. 		
	Automated Telephone Request- 1-800-908-9946		
	Paper Request - IRS Form 4506-T must be completed and suit	bmitted to the IRS	
E.	. Verification of Nontax Filer- STUDENT and SPOUS	E	
	NONTAX FILER - Complete this section if the STUDENT <u>will not file and</u> non-tax filers MUST submit a "Verification of Nonfiling" from the IRS to	_	return with the IRS. All
	Check the box that applies:		
	The STUDENT and/or SPOUSE were not employed and had no inco SPOUSE will submit a "Verification of Nonfiling" from the IRS. (IF		
	The STUDENT and/or SPOUSE was employed in 2020 and has liste from each employer in 2020, and whether an IRS W-2 form was pr did not issue an IRS W-2 form.		
	Employer's Name	IRS W-2 or an Equivalent	Annual Amount
	(Example) ABC's Auto Body Shop	Document Provided? Yes	Earned in 2020 \$4,500.00
	(Example) Abe 3 Auto body shop	163	→,J00.00

Total Amount of Income Earned From Work

\$

Check the box that applies: I will appear in person at Luna Community College to verify my identity by presenting an unexpired valid government-issued photo identification (10), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. (Complete Section 1). I am unable to appear in person at Luna Community College to verify my identity. (Complete Section 2) I. The student must sign, in the presence of the institutional official, the following: Statement of Educational Purpose It certify that I	Student Name:	LC	C ID #:
I will appear in person at Luna Community College to verify my identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. (Complete Section 1). I am unable to appear in person at Luna Community College to verify my identity. (Complete Section 2) 1. The student must sign, in the presence of the institutional official, the following: Statement of Educational Purpose To be signed at Luna Community College	F. Identity and statement of Education	onal Purpose	
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Statement of Educational Purpose To be signed at Luna Community College	☐ <i>I am unable to appear</i> in person at <u>Luna</u>	a Community College to verify my iden	ntity. (Complete Section 2)
Certify that am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance may receive will only be used for educational purposes and to pay the cost of attending Luna Community College for 2022-2023. Financial Aid Office Use: Initial: Date:	1. The student must sign, in the p	resence of the institutional official, the	he following:
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Student's Signature (Date) (Date)	I certify that I(Print Student's Nan	am the individual signing th	nis Statement of Educational Purpose
Student's Signature (Date) Signature (Date) Signature Signature (Date) (Date) Signature (Date) (Date)	and that the Federal student financi	al assistance I may receive will only be	e used for educational purposes and to
(LCC ID Number) 2. If unable to appear in person at Luna Community College to verify his/her identity, the student must provide: (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized. Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary) I certify that I am the individual signing this Statement of Educational Purpose and to	pay the cost of attending Luna Com	munity College for 2022-2023.	
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	pay the cost of attending Luna Com	munity College for 2022-2023.	
(Student's Signature) (Date)	,		

Student Name:	LCC ID #:

Notary's Certificate of Acknowledgement

	State of	City/County of
	On, before me,	, personally appeared, (Notary's name)
	(Printed name of signer)	, and provided to me on basis of satisfactory
	evidence of identification(Type of unexpired g	to be the above-named person government-issued photo ID provided)
	who signed the foregoing instrument.	
	WITNESS my hand and official seal	
	(seal)	(Notary signature)
	My commission expires on(Date)	
G. Certif	ications and Signatures	
	rson signing below certifies that all of the tion reported is complete and correct.	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.
informa		or misleading information, you may be

Date

Spouse's Signature (Optional)