

## 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 Verification Worksheet Independent V5

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, 2021, through June 30, 2022, 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, 2022.

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, 2021, and June 30, 2022, 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.				
Check the box that applies:				
	☐ The STUDENT and/or SPOUSE has <i>filed or will file</i> a 2019 IRS Inc	ome Tax Return. <b>GO TO SECTION</b> D	).	
	☐ The STUDENT and/or SPOUSE will not and is not required to file	a 2019 IRS Income Tax Return. <b>GC</b>	) TO SECTION E.	
D.	. Verification of 2019 IRS Income Tax Information ONLY)	- STUDENT and/or SPOU	SE (Tax Filers	
TAX RETURN FILERS- Complete this section if the STUDENT and/or SPOUSE <u>filed or will file</u> a 2019 IRS income tax return(s). best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of the FAFSA online application. <b>Cont the financial aid office if the student and spouse filed separate IRS income tax returns for 2019 or had a change in marital status after December 31, 2019.</b>				
	Check the box that applies:			
	on the Web to transfer			
	☐ The STUDENT and/or SPOUSE was unable or chooses not to use the IRS DRT feature while completing the FAFSA on the Web, and instead will provide LCC a 2019 IRS Tax Return Transcript.			
	t Online" or "Get unt Transcript" will NOT			
Automated Telephone Request- 1-800-908-9946				
	Paper Request - IRS Form 4506-T must be completed and s	submitted to the IRS		
E.	Verification of Nontax Filer- STUDENT and SPOU	ISE		
	<b>NONTAX FILER</b> - Complete this section if the STUDENT <u>will not file as</u> non-tax filers <i>MUST</i> submit a "Verification of Nonfiling" from the IRS		return with the IRS. All	
	Check the box that applies:			
The STUDENT and/or SPOUSE were not employed and had no income earned from work in 2019. The STUDENT and/or SPOUSE will submit a "Verification of Nonfiling" from the IRS. (IRS 4506-T must be completed and submitted to the IRS				
	The STUDENT and/or SPOUSE was employed in 2019 and has listed below the names of all employers, the amount earned from each employer in 2019, and whether an IRS W-2 form was provided or not. List every employer even if the employer 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 2019 \$4,500.00	
	, ,		, , , , , , , ,	

Total Amount of Income Earned From Work

\$

udent Name: <sub>.</sub>				LCC	CID #:
_	-		ate the student's hi	gh school complet	cion status when the student will begin
△ conv of th	ne student's high sc	rhool dinloma			
	_	•	in a foreign country	, a copy of the "se	econdary school leaving certificate" or
	ar document.				
A State cert recognizes a An academi credit towa	cificate or transcript as the equivalent of ic transcript that in- rd a bachelor's deg	t received by a stude f a high school diplo dicates the student s ree.	ent after the studen ma (GED test, HiSET successfully comple	t passed a State-a r, TASC, or other S ted at least a two-	e diploma was awarded. uthorized examination that the State tate-authorized examination)year program that is acceptable for full o obtain a secondary school completion
credential f	or homeschooling (	other than a high sc	hool diploma or its	recognized equiva	alent), a copy of that credential.
				•	cudent to obtain a secondary school
					nized equivalent), a transcript, or the
•	•		•	•	ourses the student completed and
includes a s	tatement that the	student successfully	completed a secon	dary school educa	tion in a homeschool setting.
_					
Α:	student who is una	ible to obtain the ac	ocumentation listed	l above must cont	tact the financial aid office.
			Office Use:		
	□ Transcript	☐ HS Diploma		□ Other	
	- Hansenpe		- J.D		
		Financial Ai	d Staff Initials		
Idontity	and statemen	st of Education	aal Durnoso		
lucillity	dilu Staterne	nt of Education	ilai Pui puse		
Chack the h	oox that applies:				
CHECK THE L	JUX tilat applies.				
iss ins red	ued photo identific stitution will mainta	ation (ID), such as, b ain a copy of the stud d, and the name of t	out not limited to, a dent's photo ID that	driver's license, or is annotated by t	senting an unexpired valid government- ther state-issued ID, or passport. The he institution with the date it was ed to receive and review the student's II
□ I a	m unable to appea	<b>ır</b> in person at <u>Luna (</u>	Community College	to verify my ident	tity. (Complete Section 2)
	1. The student	must sign, in the pro	esence of the instit	utional official, th	e following:
			Statement of Ed	ucational Purpose	e
		Ĺ	To be signed at Lun		
	I certify that I	(Print Student's Name	am the inc e)	lividual signing thi	is Statement of Educational Purpose
	and that the Fede	eral student financia	l assistance I may re	eceive will only be	used for educational purposes and to
	nay the cost of at	ttending <u>Luna Comm</u>	nunity College for 2	021-2022	
	,, 555t 61 dt			<del></del> -	Financial Aid Office Use:
					Initial:
	(Student's Signature)		(Date		Date:

(LCC ID Number)

ID used: \_\_\_\_\_

Student Name:	LCC ID #:

- 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	ose
(Print Student's Na	ne)	
and that the Federal student financ	ial assistance I may receive will only be used for educational purposes a	nd to
pay the cost of attending <u>Luna Com</u>	munity College for 2021-2022.	
(Student's Signature)	(Date)	
(LCC ID Number)		
	Notary's Certificate of Acknowledgement	
State of	City/County of	
(D-1-)	e me,, personally appeared, (Notary's name), and provided to me on basis of satisfactory	
	to be the above-named person expired government-issued photo ID provided)	
who signed the foregoing instrume	nt.	
WITNESS my hand and official seal		
(seal)	(Notary signature)	
My commission expires on	(Date)	

Stu	dent Name:	LCC ID #:		
н.	Receipt of other Federal Benefits			
	The STUDENT certifies that a member of the househo sometime during 2019-2020:	ld (listed in Section B. Family Information), received the following I		
	Medicaid or Supplemental Security Incomplemental Nutrition Assistance Programer Free or Reduced Price School Lunch Temporary Assistance for Needy Familie Special Supplemental Nutrition Program	ram (SNAP) s (TANF)		
ı.	Certifications and Signatures			
	Each person signing below certifies that all of the information reported is complete and correct.	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.		
	Print Student's Name	LCC ID #		
	Student's Signature Required	Date		
	Spouse's Signature (Optional)	Date		

benefits