



NMSU DACC
 MSC 3DA
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 Las Cruces, NM 88011
 Phone: 575-528-7001 Fax: 575-528-7474

2021-22 Verification of Other Income

Student: _____ Aggie ID: _____
LAST FIRST MI

This form is required because you, the student, reported zero income on your 2021-22 FAFSA. To meet with federal regulations, we need to confirm this information before awarding or disbursing federal student aid.

Instructions: You must complete each section reporting all applicable assistance to help our office understand how you were able to cover household expenses. Answer each question below as it applies to you and your spouse, if married. **If you are a dependent student**, as determined by FAFSA, any other income your parents received must be included. **If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.**

Examples of other income may include support from friends and/or family, child support received, allowances for housing and food, Veterans non-education benefits, and money paid on your behalf for tuition and fees.

To determine the correct annual amount for each item: If you or your parent(s) received the same dollar amount every month in 2019, multiply that amount by the number of months in 2019 it was received. If you did not receive the same amount each month in 2019, add together the amounts you received each month.

If more space is needed, provide a separate page with the student's name and ID number at the top.

A. Child support received

List the actual amount of any child support received in 2019 for the children in your household. Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Payment	Name of Child for Whom Support was Received	Amount of Child Support Received in 2019

B. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2019

C. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2019. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2019

D. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers’ compensation, disability, Black Lung Benefits, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A – D above. In addition, do not include student aid, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2019

G. Money received or paid on the student/parent’s behalf

List any money received or paid on your behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2019. If someone is paying rent, utility bills, or gives cash, gift cards, etc. to or on student’s/parent’s behalf, include the amount of that person’s contributions **unless the person is the student’s parent whose information is reported on the student’s 2021–2022 FAFSA.**

Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books, etc.	Amount Received in 2019	Source

Additional Information:

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran's education benefits or military housing.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2019

At any time in 2019 or 2020, did you, your spouse, or your parent (if dependent), receive benefits from any of the following federal programs listed?

Medicaid or SSI? Yes No

Free or Reduced Price School Lunch? Yes No

TANF? Yes No

WIC? Yes No

*I certify that all the information provided is true and complete.

Student Signature (required): _____ Date: _____

Parent Signature: _____ Date: _____
(required if student is dependent)

Please return this form to the Financial Aid Office at your primary campus.