

Office of Student Financial Aid and Scholarship Services New Mexico State University-Alamogordo 2400 North Scenic Drive Alamogordo, NM 88310 Phone: 575-439-3600

**ALAMOGORDO** 2025-26 Verification of Other Income

Student:		Aggie II	D:
LAST	FIRST	MI	
This form is required because you, the studen we need to confirm this i	nt, reported zero income on you information before awarding o		_
Instructions: You must complete each section		-	-
understand how you were able to cover house			
if married. If you are a dependent student, as be included. If any item does not apply, enter			
area where an amount is requested.	N/A TOT NOT Applicable wile	e a response is requesti	ed, of efficer of in an
Examples of other income may include support food, Veterans non-education benefits, and more to determine the correct annual amount for ear 2023, multiply that amount by the number of month in 2023, add together the amounts you	oney paid on your behalf for tui ach item: If you or your parent(s months in 2023 that it was receiv	tion and fees. ) received the same dolla	ar amount every month in
If more space is needed, provide a separate page with the student's name and Aggie ID number at the top.			
A. Child support received			
List the actual amount of any child support r payments, adoption payments, or any amou		•	ot include foster care
Name of Adult Who Received the Payment	Name of Child for Whom S	upport was Received	Amount of Child Support Received in 2023

# 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 <mark>in</mark> 2023

#### C. Veterans non-education benefits

List the total amount of veteran's non-education benefits received in 2023. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veteran's 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 2023

### 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), Supplemental Nutrition Assistance Program (SNAP), 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 2023

## 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 2022. 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 2025–2026 FAFSA.

Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than</u> 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 2023	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 20223		
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At any tin	ne in 2023 or 202	4, did you, your spot	ise, or your par	ent (if dependent), receive ben	efits from any of the following	
federal pr	ograms listed?					
Medicaid	or SSI?	Yes No				
Free or Re	educed-Price Sch	ool Lunch?	Yes	□No		
TANF?	Yes	□No				
WIC?	☐Yes	□No				
*I certify	that all the info	ormation provided i	s true and com	nplete.		
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Student Signature (required):			Date:			
Parent Signature:					Date:	
(required,	required, if student is dependent)					