Financial Aid and Scholarship Services
Student Services Center, 525 Buena Vista SE
Albuquerque, NM 87106
(505) 224-3090 cnm.edu

Financial Aid Income Verification

Print or type

PART I: To be completed by student.

Agency _____ Student's Name _____
Address _____ Address _____
City/State _____ City/State _____
FAX # _____ SSN / CNM ID # _____

❑Check this box if agency is
Division of Vocational Rehabilitation (DVR)

Please list Budget & Aid figures for (select one): □ Fall 20___ □ Spring 20___ □ Summer 20___
Financial Aid Income Verification forms are filled out for one term only

I authorize the release of this information to the agency indicated above. Date: _____

Signature: _____ Student Phone #_____

PART II: To be completed by CNM Financial Aid Office.
Resource amounts will be based on full time enrollment if funds have not been paid out.

Begin Date:_____ Does your institution require a high school diploma or GED? Y N
Resources based on _____ enrollment Budget and figures for the _____ term only

Resources		Students Budget	
Pell Grant	$	Tuition and Fees	$
SEOG/SSIG	$	Books and Supplies	$
Student Employment	$	Room & Board	$
Scholarship(s)	$	Transportation	$
Loan(s)	$	Personal Expenses	$
Other	$	Child Care	$
		Other	$

Is student currently in the Work Study Program? Y or N
Please complete the information below if the student has student employment income

Employment under: STATE ☐ FEDERAL WORK STUDY PROGRAM ☐ CNM INSTITUTIONAL ☐

Work study paid Bi-weekly	Work study amount for term $
Job Assignment is with CNM	Date begin working
Is Work Study Title IV authorized? Y or N	Hourly rate of pay $
Phone number to call to verify the student gross monthly income # 224-4458	

Comments _____

_____

Financial Aid Officer: _____ Phone 505-224-3090 Date: _____