

You have indicated on your FAFSA that you and/or your spouse had unusually low income in 2017. The Office of Financial Aid requires that you complete this form to help us ensure the accuracy of your application. This information will be used to confirm your living arrangements for the year 2017, and, where requested, provide documentation that substantiates your income.

**PART A: PROVIDE DETAILS OF YOUR HOUSING SITUATION IN 2017.**

|   |
|---|
| In 2017, my housing situation was _____<br><i>(examples: living with parents, friends, family; living in campus housing; living in own apartment with financial help of others, etc.)</i> |
|---|

**PART B: EXPENSES** - Who paid your basic living expenses each month?

| EXPENSES IN 2017<br><i>(January through December)</i> | LIST MONTHLY AMOUNT<br><i>(enter 'N/A' if not applicable)</i> | LIST YOUR RELATIONSHIP TO THE PERSON WHO PAID THE EXPENSES.<br><i>(Ex: self, parent, family member, friend, etc.)</i> | WAS THIS EXPENSE IN YOUR NAME?                           |
|---|---|---|--|
| Rent/mortgage per month:                              | \$  | ← Paid by →   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilities per month:                                  | \$  | ← Paid by →   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child care per month:                                 | \$  | ← Paid by →   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation per month:                             | \$  | ← Paid by →   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal debt per month:                              | \$  | ← Paid by →   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal expenses per month:                          | \$  | ← Paid by →   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**PART C: HOUSEHOLD (Student and Spouse) INCOME**, (for the 2017 year - January through December)

| TYPE OF INCOME IN 2017                                 | Total ANNUAL Amount |   |
|--|---------------------|---|
| Income from Employment<br><i>(student and spouse)</i>  | \$                  | You <b>MUST</b> attach W2s, 1099s, and/or other support documents to this Resource Letter |
| Government Assistance<br><i>(List type)</i>            | \$                  | Type received:  |
| Cash Support from All Sources<br><i>(List sources)</i> | \$                  | Received from:  |
| Other Income<br><i>(Enter total from page 2)</i>       | \$                  | <b>MUST</b> complete page 2 of this form (even if all are zero)                           |
|  |                     |   |
| <b>Total ANNUAL Income</b>                             | \$                  | <b>Total Income cannot equal 0 (unless Part D is checked)</b>                             |

**PART D:**  Check here if you attended school during calendar year 2017 and used financial aid to meet your living expenses. If checked, what school did you attend? \_\_\_\_\_

**CERTIFICATION**

I certify that all of the information on pages 1 **and** 2 of this form is true and complete to the best of my knowledge and that the attached documents are true and accurate. I realize that if I have knowingly provided any false or misleading information on either this form or the FAFSA (Free Application for Federal Student Aid) I will have to repay any financial aid received based on this information.

 \_\_\_\_\_  
 Student's Name (printed)

B \_\_\_\_\_  
 Student ID #

 \_\_\_\_\_  
 Student Signature

 \_\_\_\_\_  
 Date

Return in person or by regular mail to: Student Financial Services, 2501 N. Blackwelder, Oklahoma City, OK 73106.  
 Documents may also be submitted by using the Student Financial Services Document Upload System within BlueLink.

Student Name: \_\_\_\_\_ Student B#: \_\_\_\_\_

**2019-2020 Verification (Independent Students) Student Resource Form – Items to Certify**

**INSTRUCTIONS:** For every item listed in Column A below, either enter the amount of that untaxed income received or, if none, enter zero in Column B.

If income **was** received, check the appropriate box  in Column C for the required documentation and attach it to this form.

| <b><u>COLUMN A</u></b><br><br>SOURCE(S) OF UNTAXED INCOME<br><br><i>(January 2017 through December 2017)</i>                                      | <b><u>COLUMN B</u></b><br><br>LIST AMOUNT(S) RECEIVED<br><br><i>(If none, you must enter zero)</i> | <b><u>COLUMN C</u></b><br><br>IF AN AMOUNT IS LISTED IN COLUMN B YOU MUST PROVIDE THE FOLLOWING DOCUMENT(S):    |   |
|---|--|---|---|
|   |  | IF YOU FILED A 2017 FEDERAL INCOME TAX RETURN:  | IF YOU DID NOT FILE A 2017 FEDERAL INCOME TAX RETURN: |
| Payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans such as 401(k) or 403(b) plans                   | \$   | <input type="checkbox"/> A copy of IRS Form W-2 for each source of employment income received for tax year 2017 | Not applicable  |
| Child support received for any children. <b>(Don't include</b> foster care or adoption payments)  | \$   | <input type="checkbox"/> Proof of payments received   | <input type="checkbox"/> Proof of payments received   |
| Aid to Families with Dependent Children (AFDC) – formerly known as Temporary Assistance for Needy Families (TANF)                                 | \$   | <input type="checkbox"/> Proof of receipt of benefit  | <input type="checkbox"/> Proof of receipt of benefit  |
| Workmen's Compensation and/or Disability  | \$   | <input type="checkbox"/> Proof of receipt of benefit  | <input type="checkbox"/> Proof of receipt of benefit  |
| Veteran's <u>non</u> -education benefits (include Disability, Death Pension, DIC, VA work-study allowances and combat pay)                        | \$   | <input type="checkbox"/> Proof of receipt of benefit  | <input type="checkbox"/> Proof of receipt of benefit  |
| Social Security Benefits (include SSI)  | \$   | <input type="checkbox"/> Proof of receipt of benefit  | <input type="checkbox"/> Proof of receipt of benefit  |
| Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits) | \$   | <input type="checkbox"/> Proof of receipt of benefit  | <input type="checkbox"/> Proof of receipt of benefit  |
| Black Lung Benefits, Refugee Assistance, railroad retirement benefits, Job Training Partnership or WIA benefits                                   | \$   | <input type="checkbox"/> Proof of receipt of benefit  | <input type="checkbox"/> Proof of receipt of benefit  |
| Earned Income Tax Credit  | \$   | <input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017         | Not applicable  |
| Additional Child Tax Credit   | \$   | <input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017         | Not applicable  |
| Foreign income excluded for purposes of Federal income taxes  | \$   | <input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017         | Not applicable  |
| Credit for federal tax on special fuels   | \$   | <input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017         | Not applicable  |
| <b>TOTAL</b>  | \$   | <i>Total Column B and Transfer to "Other Income" box in Part C (Page 1)</i>                                     |   |