



You have indicated on your FAFSA that you and/or your spouse had unusually low income in 2020. 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 2020, and, where requested, provide documentation that substantiates your income.

PART A: PROVIDE DETAILS OF YOUR HOUSING SITUATION IN 2020.

In 2020, my housing situation was _____ (examples: living with parents, friends, family; living in campus housing; living in own apartment with financial help of others, etc.)
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PART B: EXPENSES - Who paid your basic living expenses each month?

EXPENSES IN 2020 <i>(January through December)</i>	LIST MONTHLY AMOUNT <i>(enter 'N/A' if not applicable)</i>	LIST YOUR RELATIONSHIP TO THE PERSON WHO PAID THE EXPENSES. <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
Credit Card, cell phone, cable debt	\$	← Paid by →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal expenses, per month:	\$	← Paid by →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food, medicine, miscellaneous	\$	← Paid by →	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C: HOUSEHOLD (Student and Spouse) INCOME (for the 2020 year - January through December)

TYPE OF INCOME IN 2020	List Monthly Amount	
Income from Employment <i>(student and spouse)</i>	\$	<input type="checkbox"/> You MUST attach W2s, 1099s, and/or other support documents to this Resource Letter
Government Assistance <i>(List type – ex. SSI, VA)</i>	\$	<input type="checkbox"/> Type received: _____ <input type="checkbox"/> You MUST attach Proof of Benefit
Cash Support from All Sources <i>(2) List sources – ex. relatives)</i>	\$	<input type="checkbox"/> Received from: _____
Total Monthly Income	\$	

<u>PART D:</u> <input type="checkbox"/> Check here if you attended school during calendar year 2020 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 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.