

You have indicated on your FAFSA that your parents had unusually low income in 2021. 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 2021, and, where requested, provide documentation that substantiates your income.

PART A: PROVIDE DETAILS OF YOUR HOUSING SITUATION IN 2021

In 2021, my parent(s)' housing situation was _____ (examples: living with friends or extended family; living in housing with financial assistance from other, etc.)
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PART B: EXPENSES - Who paid your parent(s)' basic living expenses each month?

EXPENSES IN 2021 <i>(January through December)</i>	LIST MONTHLY AMOUNT <i>(enter 'N/A' if not applicable)</i>	LIST YOUR PARENT(S)' RELATIONSHIP TO THE PERSON WHO PAID THE EXPENSES. <i>(Ex: self, parent, family member, friend, etc.)</i>	
Parent(s)' Rent/mortgage per month:	\$	← Paid by →	
Parent(s)' Utilities per month:	\$	← Paid by →	
Parent(s)' Child care per month:	\$	← Paid by →	
Parent(s)' Transportation per month:	\$	← Paid by →	
Parent(s)' Credit Card, cell phone, cable	\$	← Paid by →	
Parent(s)' Personal expenses, per month:	\$	← Paid by →	
Parent(s)' Food, medicine, miscellaneous	\$	← Paid by →	

PART C: HOUSEHOLD INCOME of PARENT(S)' (for the 2021 year - January through December)

TYPE OF INCOME IN 2021	List Monthly Amount	
Parent(s)' Income from Employment	\$	<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>(List sources)</i>	\$	<input type="checkbox"/> Received from: _____
Other Income	\$	
Total Monthly Income	\$	

CERTIFICATION

I/We 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

 Parent 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.