



You have indicated on your FAFSA that you and/or your spouse had unusually low income in 2022. 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 2022, and, where requested, provide documentation that substantiates your income.

**PART A: PROVIDE DETAILS OF YOUR HOUSING SITUATION IN 2022.**

In 2022, my housing situation was \_\_\_\_\_  
 (examples: living with parents, friends, family; living in campus housing; living in own apartment with financial help of others, etc.)

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

EXPENSES IN 2022 <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 2022 year - January through December)

TYPE OF INCOME IN 2022	List Monthly Amount	
Income from Employment <i>(student and spouse)</i>	\$	<input type="checkbox"/> You <b>MUST</b> 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 <b>MUST</b> attach Proof of Benefit
Cash Support from All Sources <i>(List sources – ex. relatives)</i>	\$	<input type="checkbox"/> Received from: _____
<b>Total Monthly Income</b>	\$	

**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. We are unable to accept documents by email.