



2022-2023 Income Explanation Worksheet

Financial Aid Office
1100 E. 14th Street
PMB A-8
Ada, Oklahoma 74820
Phone: 580-559-5243
Fax: 580-559-5638

Student's Name: _____ Student ID Number: _____

Please complete the income worksheet below. When completed, this worksheet should show how you and/or your family received support for 2020. If not complete, the form will be returned to you causing further delay in your verification process.

ANNUAL AMOUNTS

(Not monthly)

| ALL INCOME RECEIVED IN 2020: | Student | Parent(s)/Spouse |
|---|----------|------------------|
| Earnings from all jobs | \$ _____ | \$ _____ |
| Unemployment Compensation | \$ _____ | \$ _____ |
| Withdrawals from savings accounts or retirements | \$ _____ | \$ _____ |
| Sale of property, stocks, bonds, etc. | \$ _____ | \$ _____ |
| Social Security Benefits | \$ _____ | \$ _____ |
| Welfare (SNAP, TANF), AFDC | \$ _____ | \$ _____ |
| Child Support Received | \$ _____ | \$ _____ |
| Alimony Received | \$ _____ | \$ _____ |
| Cash received from family or friends | \$ _____ | \$ _____ |
| Bills/Benefits paid on your behalf (<i>explain below</i>) | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |

Bills/Benefits paid on student's behalf: _____

Bills/Benefits paid on the parent/spouse behalf: _____

Student: Provide a statement of how you were able to meet your housing, food, clothing, transportation, and other living expenses: _____

Parent: Provide a statement of how you were able to meet your housing, food, clothing, transportation, and other living expenses: _____

As certified by the signature below, all the information provided by myself and/or others is true and complete to the best of my knowledge. I understand that the Office of Financial Aid may request additional documentation to verify the above information. **Both signatures are required.**

Student

Date

Parent/Spouse

Date