



## 2023-2024 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 2021. 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 2021:	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