

THE UNIVERSITY OF OKLAHOMA
FINANCIAL AID SERVICES
1000 Asp Avenue, Room 216
Norman, Oklahoma 73019-4078
Phone (405) 325-4521 Fax (405) 325-7608
www.ou.edu/financialaid

2017-2018 INDEPENDENT STUDENT PROJECTED INCOME FORM

Student Name: _____ Daytime phone #: _____

Social Security #: _____ Sooner ID #: _____

This form is for use by Independent students and in some cases, as determined by the Office of Financial Aid Services, Dependent students.
If the questions on this form apply to you, complete the form as instructed and return it to the Office of Financial Aid Services

Will your income be less in 2017 than in 2016 for any of the following reasons?

1. Did you work at least 35 hours per week for at least 30 weeks in 2016 but are not working now? Yes____ No____
If "Yes", what is the date you stopped working? _____

2. Did your spouse earn money in 2016 but has lost his/her job for at least 10 weeks in 2017? Yes____ No____
If yes, what is the date your spouse lost his/her job? _____

3. **As of today**, have you or your spouse been unable to work and earn money in the usual way due to a disability or natural disaster for at least 10 weeks in 2017? (Natural disaster includes such things as a tornado, fire, flood, etc.)
Yes____ No____
If "Yes", what is the nature of the natural disaster or disability? _____

What date did the change in earnings begin? _____

4. **As of today**, did you or your spouse receive unemployment compensation or some untaxed income or benefits (such as court ordered child support **OR** income or benefits from a public or private agency) in 2016? If so, have they lost that benefit for at least 10 weeks in 2017? Yes____ No____

If "Yes", what is the source of the untaxed income or benefit? _____

What is the date the untaxed income or benefit ceased? _____

If you answered "Yes" to any of the questions above, complete page 2 and attach documentation as instructed. If you answered "No" to the above questions, but your total 2017 income is expected to be less than half of your 2016 income, attach a letter explaining why and then go to page 2 and attach documentation as instructed.

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Complete the section below as indicated.

You must provide documentation to verify any amount earned since January 1, 2017. Attach a W-2 form or statement from employer on letterhead or copy of your most recent pay stub showing year-to-date earnings. For expected income, provide the best estimate based on the date the form is being completed.

WITHOUT DOCUMENTATION THIS REQUEST WILL BE DENIED.

	Amount Received Since 01/01/2017	Amount Expected Now Until 12/31/2017
Student's wages, salaries, tips (any income from work)		
Spouse's wages, salaries, tips (any income from work)		

Complete the section below and report your and your spouse's income received from each source indicated. Do not leave items blank. Enter zeros in each category for which you/your spouse received or will receive no income.

	Amount Received Since 01/01/2017	Amount Expected Now until 12/31/2017
Severance Pay		
Pensions/Annuities		
Interest/Dividend Income		
Business/Farm Income		
Capital Gains		
Rental Income		
Alimony		
Unemployment Compensation		
Other Taxable Income		
Untaxed Pension/Annuities		
Untaxed Social Security		
Aid to Families with Dependent Children (AFDC)		
Housing Allowance (example: Military or Clergy)		
Child Support		
All Other Non-Taxable Income		

Signatures

By submitting this form I am requesting any additional funds for which I may qualify. If I am offered a loan I understand I may reduce or decline the loan offered to me. I certify that all information is true and accurate to the best of my knowledge and that I have provided the documentation requested to verify the information provided on this form. I understand I may be required to provide additional documentation to support this request. *THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMATION ON THIS FORM MAY INCLUDE REPAYMENT OF MONEY RECEIVED, PLUS A FINE AND/OR IMPRISONMENT.*

Student Signature

Spouse Signature

Date

Date