

THE UNIVERSITY OF OKLAHOMA
STUDENT FINANCIAL CENTER
1000 Asp Avenue, Room 105
Norman, Oklahoma 73019-4078
Phone (405) 325-9000 Fax (405) 325-7608
sfc@ou.edu

2017-2018 INDEPENDENT STUDENT SPECIAL CONDITION / 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

Section 1: Loss of taxable income or loss of earner

1. Did you work at least 35 hours per week for at least 30 weeks in 2015 but are not working now? Yes No
If "Yes", what is the date you stopped working? _____ **Attach a written explanation listing the reason(s) you stopped working. This is required for your request to be considered.**

2. **Since December 31, 2015**, has your spouse lost his/her job for at least 10 weeks? Yes No
If yes, what is the date /your spouse lost his/her job? _____

3. **Since December 31, 2015**, 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 2016? (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. Were you married when you completed the 2017-2018 FAFSA but have since legally separated or divorced? Yes No
If "Yes", you MUST attach documentation of legal separation or divorce.

5. Has your spouse died since you completed the 2017-2018 FAFSA? Yes No
If "Yes", report the amount of life insurance benefits you received or will receive in 2016. \$ _____

If you answered yes to any of the above questions, attach a signed copy of your 2016 federal income tax return with all schedules and W-2 forms. If you are married and you and your spouse filed separately submit signed copies of both tax returns. If you or your spouse were not required to file a 2016 federal tax return and will not file, contact a financial aid counselor. Next, complete the section below as indicated.

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List the amount of any other income received during 2016. **Do not leave any item blank** – enter zeros if applicable.

	2016 income
Unemployment Compensation	\$
Housing Allowance (example: Military or Clergy)	\$
Child Support	\$
All Other Non-Taxable Income	\$
Life Insurance proceeds	\$

Section 2: Loss of untaxed income and other change in circumstances

1. **Since December 31, 2015**, have you or your spouse lost unemployment compensation or some untaxed income or benefits (such as court ordered child support or income or benefits from a public or private agency) which you received in 2015?

Yes No

If "Yes", attach documentation showing the income or benefit ended (such as an order for child support). Attach documentation showing the total amount of the income or benefit received in 2016.

2. Have you incurred other non-discretionary expenses (expenses not associated with lifestyle or personal choice)? Examples: Private school tuition for a child with special educational or medical needs, excessive medical expenses not covered by insurance or reimbursed by another source, care for an elderly dependent parent, etc.

Yes No

If you answered "Yes", you may wish to make an appointment with a Financial Aid Specialist.

Supporting documentation must be attached or the request will be denied.

Signatures

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/Date

Spouse Signature/Date