## THE UNIVERSITY OF OKLAHOMA

#### **Student Financial Center**

1000 Asp Avenue, Room 105 Norman, Oklahoma 73019-4078 Phone (405) 325-9000 Fax (405) 325-7608 www.ou.edu/sfc

# 2019-2020 INDEPENDENT STUDENT PROJECTED INCOME FORM

For independent students (or their spouses) who experienced a loss of earnings that began during 2019. For loss of earnings that began in 2018 please complete a 2019-2020 Independent Student Special Condition form.

		Daytime phone #:	<del></del>	
		Sooner ID #:		
	· · · · · · · · · · · · · · · · · · ·	nd in some cases, as determined by the Office of Student Financi u, complete the form as instructed and return it to the Office of Studen	· ·	
Will yo	our income be less in 2019 than in 2	018 for any of the following reasons?		
1.		eek for at least 30 weeks in 2018 but are not working now? Y		
2.		but has lost his/her job for at least 10 weeks in 2019?  Ost his/her job?	'es No	
3.		use been unable to work and earn money in the usual way on in 2019? (Natural disaster includes such things as a tornado, Y		
	If "Yes", what is the nature of the nat	ural disaster or disability?		
	What date did the change in earning	s begin?		
4.	As of today, did you or your spouse receive unemployment compensation or some untaxed income or benefits as court ordered child support OR income or benefits from a public or private agency) in 2018? If so, have the that benefit for at least 10 weeks in 2019?  Yes No			
	If "Yes", what is the source of the uni	axed 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 doci	umentation as	

**GO TO NEXT PAGE** 

instructed. If you answered "No" to the above questions, but your total 2019 income is expected to be less than half of your 2018 income, attach a letter explaining why and then go to page 2 and attach

Complete the section below as indicated.

documentation as instructed.

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You must provide documentation to verify any amount earned since January 1, 2019. Attach a statement from the (former) 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 01/01/2019	Amount Expected Now Until 12/31/2019
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. <u>Do not leave items blank</u>. Enter zeros in each category for which you/your spouse received or will receive no income.

	Amount Received Since 01/01/2019	Amount Expected Now until 12/31/2019
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	_

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