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

2019-2020 Documentation of Parental Refusal to File a FAFSA And Student Request for Federal Unsubsidized Direct Loan

Student N	ame:	Daytime pnoi	1e #:
SSN:		Sooner ID #:	
The purpo	zed Federal Direct loans may be offered to stude ose of this form is to document the student's sit and refuse to provide parental information on the FA	uation and obtain confirmation from	the parents that they do not support th
CAUTION!	Completion of this form does not make a stucomplete THIS FORM as well as the FAFSA, information, contact this office.	dent" independent" for financial a contact our office. If you have co	aid purposes. If your parents refuse to include parents
SECTION	ONE: STUDENT INFORMATION		
Please lis	st the address(es) where you have lived since s).	January 1, 2018 to the present a	nd the date(s) of your residence at th
	t in Part A. the average monthly amount in resour expenses in the categories below.	ces you receive from all sources an	d in Part B the average monthly amount
	URCES: Include ALL sources of support such tance including housing; in-kind support; insurance		assistance from relatives or friends; publ
Source			/month
Source			/month
Source		<u>\$</u>	/month
Source		<u>\$</u>	/month
Source		<u>\$</u>	/month
		TOTAL: \$	/month

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B. EXPENSES: <u>Do not leave any item blank.</u> <u>U</u>	lse zero if applicable.		
Housing: Check if Rent or Mortgage		\$	/month
Utilities: Electricity, gas, water, phone, cable TV, internet service, cell phone, etc.		¢	/month
Food:		<u>\$</u> \$	/month /month
		\$	/month
Car payment(s), fuel, maintenance, auto insurance:		Ψ	<u>////Onur</u>
Healthcare: Insurance, doctor bills, dental care, vision care, etc.		\$	/month
	T	OTAL: \$	/month
C. SUMMARY:			
1. Is the total amount of expenses GREATER that	an the total amount o	f resources?	
YesNo	If the answer is Ye	s, please explain:	
2. Is the answer to any item in Section B zero? YesNo	If the answer is Ye	s, please explain:	
Attach a	dditional sheets if mo	ore space is needed.	
I certify that all information provided is correct and a Loan.	accurate to the best of	my knowledge and that I requ	est a Federal Unsubsidized Direc
Student Signature	Date		
SECTION TWO: PARENTAL INFORMATION			
By signing this form, I (we) certify that:			
we stopped providing financial support to		on	
 will not provide financial support in the future; and we refuse to complete the parental section of the F 	Student's name Free Application for Fed	deral Student Aid (FAFSA).	Date Support Ended
Parent 1 Signature	Date Par	ent 2 Signature	Date
Parent daytime phone number:	Par	ent daytime phone number:	

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Return this form to: The Student Financial Center / 1000 Asp Ave., Room 105 Buchanan Hall / Norman, OK 73019-4078