

THE UNIVERSITY OF OKLAHOMA
STUDENT FINANCIAL CENTER
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2020-2021 DEPENDENT STUDENT PROJECTED INCOME FORM

For parental loss of income beginning in 2020. For parental loss of income which began in 2019 please complete a 2020-2021 Dependent Student Special Circumstances form.

Student Name: _____ Daytime phone #: _____

Social Security #: _____ Sooner ID #: _____

For COVID-19 related income loss, please see question #4.

1. **As of today**, has your parent or stepparent lost his or her job for at least 10 weeks in 2020? Yes ___ No ___

If "Yes", which parent lost his or her job? _____

What date did the parent lose his/her job? _____

2. **As of today**, has your parent or stepparent been unable to work and earn money in the usual way due to a disability or natural disaster for at least 10 weeks in 2020? (Natural disaster includes such things as a tornado, fire, flood, etc.) Yes ___ No ___

If "Yes", which parent became unable to work or earn income and what is the nature of the natural disaster or disability? _____

What date did the change in earnings begin? _____

3. **As of today**, did your parent or stepparent 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 **2019**? If so, did they lose that benefit for at least 10 weeks in 2020? Yes ___ No ___

If "Yes", which parent lost the benefit and what is the source of the untaxed income or benefit? _____

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

4. **As of today**, has your parent/stepparent been unable to work and earn money in the usual way due to the COVID-19 pandemic? Yes ___ No ___

If "Yes", please indicate name of parent and date the change in earnings began.

Parent: _____ Date of change: _____

Documentation must be provided to verify job loss and any income amounts earned since January 1, 2020. Examples include a statement from the (former) employer on letterhead or a copy of the most recent pay stub showing year-to-date earnings. For business owners, please submit proof of business ownership whose profits were affected by stay-at-home or shelter-in-place orders from your state/local government and documentation of year to date earnings.

- 4a. **As of today**, has your parent/stepparent applied for unemployment in **2020**? Yes ___ No ___

If "Yes", and you have no proof of income as requested above, please upload documentation of completed application or state benefits received such as an unemployment award letter.

NOTICE: If your parent(s) answered “Yes” to any page 1 questions, please complete the following section and attach documentation as instructed. If your parent(s) answered “No” to page 1 questions, but their total 2020 income is expected to be less than half of their 2018 income, have your parent(s) attach a letter explaining why and then complete the following section and attach documentation as instructed.

Your parent(s) must provide documentation to verify any amount earned since January 1, 2020. Attach a statement from the (former) employer on letterhead, or a copy of the 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 01/01/2020 | Amount Expected Now until 12/31/2020 |
|--|---|---|
| Parent 1’s wages, salaries, tips (Any income from work) | | |
| Parent 2’s wages, salaries, tips (Any income from work) | | |

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

| | Amount Received Since 01/01/2020 | Amount Expected Now until 12/31/2020 |
|---|---|---|
| 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

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

Parent 1 Signature/Date

Parent 2 Signature/Date