

**THE UNIVERSITY OF OKLAHOMA**  
**Student Financial Center**  
1000 Asp Avenue, Room 105  
Norman, Oklahoma 73019-4078  
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**2020-2021 INDEPENDENT STUDENT PROJECTED INCOME FORM**

**For independent students (or their spouses) who experienced a loss of earnings that began during 2020.** For loss of earnings that began in 2019 please complete a 2020-2021 Independent Student Special Condition form.

Student Name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sooner ID #: \_\_\_\_\_

**Will your income be less in 2020 than in 2019 for any of the following reasons?**

*For COVID-19 related income loss, please see question #5.*

1. Did you work at least 35 hours per week for at least 30 weeks in 2019 but are not working now? Yes\_\_\_\_ No\_\_\_\_  
If "Yes", what is the date you stopped working? \_\_\_\_\_

2. Did your spouse earn money in 2019 but has lost his/her job for at least 10 weeks in 2020? 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 2020? (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 2019? If so, have they lost that benefit for at least 10 weeks in 2020? Yes\_\_\_\_ No\_\_\_\_

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

What is the date the untaxed income or benefit ceased? \_\_\_\_\_

5. **As of today**, have you or your spouse been unable to work and earn money in the usual way due to the COVID-19 pandemic? Yes\_\_\_\_ No\_\_\_\_

If "Yes", please indicate unemployed person's name and date the change in earnings began.

Name \_\_\_\_\_ Date \_\_\_\_\_

**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.

5a. **As of today**, have you or your spouse 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 you answered "Yes" to any of the questions on page 1, complete the following section and attach documentation as instructed. If you answered "No" to the page 1 questions, but your total 2020 income is expected**

**to be less than half of your 2019 income, attach a letter explaining why and then complete the following section and attach documentation as instructed.**

Complete the section below as indicated.

You must provide documentation to verify any amount earned since January 1, 2020. 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.**

	<b>Amount Received Since 01/01/2020</b>	<b>Amount Expected Now Until 12/31/2020</b>
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.

	<b>Amount Received Since 01/01/2020</b>	<b>Amount Expected Now until 12/31/2020</b>
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