

**THE UNIVERSITY OF OKLAHOMA**  
**STUDENT FINANCIAL CENTER**  
1000 Asp Avenue, Room 105  
Norman, Oklahoma 73019-4078  
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**2021-2022 DEPENDENT STUDENT PROJECTED INCOME FORM**

**For parental loss of income beginning in 2021.** For parental loss of income which began in 2020 please complete a 2021-2022 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 2021? 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 2021? (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 **2020**? If so, did they lose that benefit for at least 10 weeks in 2021? 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, 2021.** 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 **2021**? 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 2021 income is expected to be less than half of their 2019 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, 2021. 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.**

	<b>Amount Received Since 01/01/2021</b>	<b>Amount Expected Now until 12/31/2021</b>
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.

	<b>Amount Received Since 01/01/2021</b>	<b>Amount Expected Now until 12/31/2021</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**

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