

Office of Financial Aid and Scholarships 900 N. Portland Avenue Oklahoma City, OK 73107 Ph: 405.945.8646 Fax: 405.945.3319 www.osuokc.edu/financialaid

Parent Resource Verification Form January 1 – December 31, 2022

(The information required on this form is PARENTAL information ONLY. Each question pertains to the parent of the student.) _ **Section A: Parental Housing Information:** 2. _____ Section B: Parental Taxable and Non Taxable Resources Where did you work during 2022? Employer Gross Nature From То Of Job mm/yy mm/yy Income 1. 2. If 1. 2. \mathbf{C} V Τz

Student Name	SSN
Parent Name	Parent SSN
	Parent Phone ()

Where and	with whom did you l	ive during 2022?			
	From	То	Address	City	State
	Mm/yy	mm/yy		·	
1	••	••			

2							
If you did not work and was dependent on another person, was that person employed during 2022?							
	"His/Her" Employer	Nature of Job	From mm/yy		To mm/yy	Gross Income	
1							
2							
Child	Support Received:			\$	/montl	n for	months
VA B	Benefits:			\$	/montl	n for	months
TAN	F			\$	/montl	n for	months
Food	Stamps			\$	/montl	n for	months
Other	Untaxable Income	(i.e. SSI, SSA, Disability)		\$	/month	n for	months

Subtotal Resources - \$

Cash/Gifts Received (List Names):			
Parents		Amount \$	
Friends/Relatives		Amount \$	
Personal Savings spent in 2022:		Amount \$	
Personal Loans (from whom)		Amount \$	
Туре		Amount \$	
Financial Aid Received in 2022: (Pell, Perkins, Star Fall Semester 2022 Spring Semester 2022 Summer Semester 2022	afford, etc.)	Amount \$ _ Amount \$ _ Amount \$ _	
Tuition/Fees		\$	_ per semester
Total Resources	(Section B, pages 1 & 2)	\$_	

Section C: Living Expenses that <u>PARENTS were responsible for paying during 2022</u>:

(Please average any expense that varied from month to month)

Rent		\$ per month
Utilities		\$ per month
Food		\$ per month
Clothing		\$ per month
Child Care		\$ per month
Entertainment		\$ per month
Auto Maintenance (gas, etc.)		\$ per month
Car Payments		\$ per month
Child Support Paid		\$ per month
Auto Insurance		\$ per month
Medicine/Medical Insurance		\$ per month
Other:	-	\$ per month
	Total Expenses	\$ per month

Please use the space below to further explain your financial or living situation in 2022:

Certification

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to give proof of the information I have given on this form. I realize that if I have knowingly provided any false or misleading information on either this form or my federal aid application papers, I may have to repay funds I may have received based on this information.

Parent Signature

Date

Student's Signature