



**OKLAHOMA
CITY**

Office of Financial Aid and Scholarships
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Student Resource Verification Form January 1 – December 31, 2021

Student Name _____

SSN _____

Work Number _____

Home Number _____

Section A: Housing Information:

Where and with whom did you live during 2021?

	From Mm/yy	To mm/yy	Address	City	State
1.	_____				
2.	_____				

Section B: Taxable and Non Taxable Resources

Where did you work during 2021?

	Employer	Nature Of Job	From mm/yy	To mm/yy	Gross Income
1.	_____				
2.	_____				

If you did not work and was dependent on another person, was that person employed during 2021:

	"His/Her" Employer	Nature of Job	From mm/yy	To mm/yy	Gross Income
1.	_____				
2.	_____				

Child Support Received:	\$ _____/month for _____ months
VA Benefits:	\$ _____/month for _____ months
TANF	\$ _____/month for _____ months
Food Stamps	\$ _____/month for _____ months
Other Untaxable Income (i.e. SSI, SSA, Disability)	\$ _____/month for _____ months

Subtotal Resources - \$ _____

Cash/Gifts Received (List Names):

Parents _____
Friends/Relatives _____

Amount \$ _____
Amount \$ _____

Personal Savings spent in 2021: _____
Personal Loans (from whom) _____
Type _____

Amount \$ _____
Amount \$ _____
Amount \$ _____

Financial Aid Received in 2021: (Pell, Perkins, Stafford, etc.)
Fall Semester 2021 _____
Spring Semester 2021 _____
Summer Semester 2021 _____

Amount \$ _____
Amount \$ _____
Amount \$ _____

Tuition/Fees \$ _____ per semester

Total Resources (Section B, pages 1 & 2) \$ _____

Section C: Living Expenses that you (and spouse, if married) were responsible for paying during 2021:

(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

Please list

Total Expenses \$ _____ per month

Please use the space below to further explain your financial or living situation in 2021:

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.

Student Signature

Date

Student's Spouse, if married

Date