



## 2026-2027 Income Explanation Worksheet

Financial Aid Office  
1100 E. 14th Street  
PMB A-8  
Ada, Oklahoma 74820  
Phone: 580-559-5243  
Fax: 580-559-5638

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Please complete the income worksheet below. When completed, this worksheet should show how you and/or your family received support for 2024. If not complete, the form will be returned to you causing further delay in your verification process.

### ANNUAL AMOUNTS

(Not monthly)

#### **ALL INCOME RECEIVED IN 2024:**

	<b>Student</b>	<b>Parent(s)/Spouse</b>
Earnings from all jobs	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Withdrawals from savings accounts or retirements	\$ _____	\$ _____
Sale of property, stocks, bonds, etc.	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Welfare (SNAP, TANF), AFDC	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____
Cash received from family or friends	\$ _____	\$ _____
Bills/Benefits paid on your behalf ( <i>explain below</i> )	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Bills/Benefits paid on student's behalf: \_\_\_\_\_

Bills/Benefits paid on the parent/spouse behalf:  
\_\_\_\_\_  
\_\_\_\_\_

Student: Provide a statement of how you were able to meet your housing, food, clothing, transportation, and other living expenses:  
\_\_\_\_\_

Parent: Provide a statement of how you were able to meet your housing, food, clothing, transportation, and other living expenses:  
\_\_\_\_\_  
\_\_\_\_\_

As certified by the signature below, all the information provided by myself and/or others is true and complete to the best of my knowledge. I understand that the Office of Financial Aid may request additional documentation to verify the above information. **Both signatures are required.**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse

\_\_\_\_\_  
Date