



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:	Student	Parent(s)/Spouse
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