

STUDENT RESOURCE AND EXPENSE CERTIFICATION

Academic Year 2017-2018

Your Student Aid Report (SAR) indicates the income reported in your FAFSA is unusually low to meet essential needs such as food, shelter, clothing and other expenses. **If you are a dependent student**, <u>your parent</u> must complete this form. **If you are an independent student**, <u>you must complete this</u> form. **If any item does not apply**, enter "N/A" for Not Applicable where a <u>response</u> is requested, or enter "0" in an area where an <u>amount</u> is requested.

Last Name	First Name	M.I.	Student's ID Number	
Street Address (incl	ude apt. no.)		Date of Birth	
City	State	Zip Code	Email Address	
Home Phone Number (include area code)			Alternate or Cell Phone Number	

Other Untaxed Income for 2015

A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401 (k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in boxes 12a through 12 d with codes D, E, F, G, H, and S.

Name of Person who Made the Payment	Total Amount Paid in 2015	

B. Child Support Received

List the actual amount of any child support received in 2015 for the children in your household. <u>Do</u> <u>not include</u> foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult who Received the Support	Name of child for Whom Support was Received	Amount of child Support Received in 2015

C. Housing, food, and other living allowances paid to members of the military, clergy, and others. Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA educational Work Study allowances.

Do not include federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education	Amount of Benefit Received in
	Benefit	2015

E. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability and untaxed portions of health savings accounts from IRS Form 1040 line 25.

Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed
		Income Received in 2015

F. Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bill) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information <u>was not</u> reported on the student's 2017-2018 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2017-2018 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student or the student's parents</u>, such as grandparents, aunts, and uncles of the student.

Purpose: e.g. Cash, Rent, Books	Amount Received in 2015	Source

Additional Information

So that we fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran's education benefits, military housing, SNAP, TANF, subsidized "low income" housing, Social Security benefits, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015

Type of Expense	Monthly Amount
Rent	\$ per month
Utilities	\$ per month
Food	\$ per month
Clothing	\$ per month
Child Care	\$ per month
Medicine/Physicians	\$ per month
Medical Insurance	\$ per month
Auto Insurance	\$ per month
Car Payments	\$ per month
Auto Maintenance (gas, oil change, etc.)	\$ per month

List expenses paid out of your income from January 1, 2015 to December 31, 2015:

Certifications and Signatures

I hereby certify that all the information on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the file to a fine or imprisonment or both, under the provisions of the United States Criminal Code.

Student Signature

Date

Date

Parent Signature (if applicable)

Spouse Signature (if applicable) Date

Submit completed form to: Office of Financial Assistance Northwestern Oklahoma State University—Herod Hall 113 709 Oklahoma Blvd Alva, OK 73717 Phone (580) 327-8542 Fax (580) 327 8177