## THE UNIVERSITY OF OKLAHOMA

#### **Health Sciences Center**

865 Reserach Parkway, Room 240 Oklahoma City, Oklahoma 73104 Phone (405) 271–2118 Fax (405) 271–5446

https://financialservices.ouhsc.edu/Departments/Student-Financial-Aid

#### 2025-2026 INDEPENDENT STUDENT PROJECTED INCOME FORM

For independent students (or their spouses) who experienced a loss of earnings that began during 2025. For loss of earnings that began in 2024 please complete a 2024–2025 Independent Student Special Condition form found at the following link. https://financialservices.ouhsc.edu/Departments/Student-Financial-Aid

Student Name:		Daytime phone #:											
Student	ID #:												
Will yo	ur income	be less in 20	)25 than in 20	024 for any o	f the follo	owing re	asons?						
1.	-		35 hours per e you stopped		east 30 w		.024 but		_				_ If
2.	-	-	money in 202 se lost their jo		st their jol	o for at le	east 10 w	eeks in 2	.025? Ye	es	No	_ If yes,	what
3.	natural di YesN	lisaster for a	u or your spo t least 10 wee uture of the no	eks in 2025? (	Natural d	isaster ir	ncludes s		js as a t	ornado	o, fire,	flood, e	tc.)
	What dat	te did the ch	ange in earniı	ngs begin?									
4.	as court o	ordered child	or your spous d support <b>OR</b> weeks in 202	income or be	enefits fro								
	If "Yes", w	hat is the sc	ource of the ur	ntaxed incom	ne or bene	efit?							
	What is th	he date the	untaxed incor	me or benefit	ceased?								

**If you answered "Yes"** to any of the questions above, complete page 2 and attach documentation as instructed. **If you answered "No"** to the above questions, but your total 2023 income is expected to be less than half of your 2023 income, attach a letter explaining why and then go to page 2 and attach documentation as instructed.

**GO TO NEXT PAGE** 

Complete the section below as indicated.

You must provide documentation to verify any amount earned since January 1, 2025. Attach a statement from the (former) employer on letterhead or copy of your most recent pay stub showing year-to-date earnings. For expected income, provide the best estimate based on the date the form is being completed.

### WITHOUT DOCUMENTATION THIS REQUEST WILL BE DENIED.

	Amount Received Since 01/01/2025	Amount Expected Now Until 12/31/2025
Student's wages, salaries, tips (any income from work)		
Spouse's wages, salaries, tips (any income from work)		

Complete the section below and report your and your spouse's income received from each source indicated. **Do not leave items blank.** Enter zeros in each category for which you/your spouse received or will receive no income.

Sources of Income	Amount Received Since 01/01/2025	Amount Expected Now until 12/31/2025

# **Signatures**

By submitting this form I am request reduce or decline the loan offered to	me. I certify that all in	formation is true and accurate to the	e best of my knowledge and
that I have provided the documento	tion requested to verif	ly the information provided on this fo	rm. I understand I may be
required to provide additional docu	mentation to support t	his request. THE PENALTY FOR SUBMI	SSION OF FRAUDULENT
INFORMATION ON THIS FORM MAY INC	LUDE REPAYMENT OF M	IONEY RECEIVED, PLUS A FINE AND/ OI	R IMPRISONMENT.
<u> </u>		-	
Student Signature	Date	Spouse Sianature	Date