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Parent Resource Verification Form

January 1 – December 31, 2014

(The information required on this form is PARENTAL information ONLY. Each question pertains to the parent of the student.)

Student Name _____ SSN _____
Parent Name _____ Parent SSN _____
Parent Phone (____) _____ - _____

Section A: Parental Housing Information:

Where and with whom did you live during 2014?

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

Section B: Parental Taxable and Non Taxable Resources

Where did you work during 2014?

	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 2014?

	"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 _____

Amount \$ _____

Friends/Relatives _____

Amount \$ _____

Personal Savings spent in 2014:

Amount \$ _____

Personal Loans (from whom) _____

Amount \$ _____

Type _____

Amount \$ _____

Financial Aid Received in 2014: (Pell, Perkins, Stafford, etc.)

Fall Semester 2014 _____

Amount \$ _____

Spring Semester 2014 _____

Amount \$ _____

Summer Semester 2014 _____

Amount \$ _____

Tuition/Fees

\$ _____ per semester

Total Resources

(Section B, pages 1 & 2)

\$ _____

Section C: Living Expenses that PARENTS were responsible for paying during 2014:

(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

Total Expenses

\$ _____ per month

Please use the space below to further explain your financial or living situation in 2014:

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.

Parent Signature

Date

Student's Signature

Date