Your application was selected for review, or “verification.” Please complete this worksheet and sign the form. Answer all questions for both the student and parent(s). **We can’t determine aid eligibility until all requested documents are received and reviewed.**

**Do not leave an answer blank. If the response is zero, check the “None” box.**

<table>
<thead>
<tr>
<th>Untaxed Income (Calendar Year 2015)</th>
<th>Student</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>None</td>
<td>Amount</td>
</tr>
</tbody>
</table>

1. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a-12d, codes D, E, F, G, H, and S.  
   **Don’t include** amounts reported in Code DD (employer contributions toward employee health benefits).  
   $\text{_______}/\text{yr}$  
   $\text{_______}/\text{yr}$

2. Child Support received for any of your children (total 2015 amount). **Don’t include** foster care or adoption payments.  
   $\text{_______}/\text{yr}$  
   $\text{_______}/\text{yr}$

3. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).  
   **Don’t include** the value of on-base military housing or the value of a basic military allowance for housing.  
   $\text{_______}/\text{yr}$  
   $\text{_______}/\text{yr}$

4. Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.  
   $\text{_______}/\text{yr}$  
   $\text{_______}/\text{yr}$

5. Any other untaxed income or benefit, such as workers’ compensation, disability benefits, etc. Also include untaxed portions of health savings accounts from IRS Form 1040—line 25.  
   **Don’t include:** student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, extended foster care benefits, Workforce Innovation & Opportunity Act educational benefits, on-base military housing or 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.  
   $\text{_______}/\text{yr}$  
   $\text{_______}/\text{yr}$

6. **Student Only:** Money received, or paid on your behalf (e.g., bills), not reported elsewhere on the FAFSA. This includes money that you received from a parent or other person whose financial information is *not* reported on the FAFSA and is *not* part of a legal child support agreement. This also includes distributions to you from a 529 Plan that is owned by someone other than you or your parent(s) (such as your grandparents, aunts, uncles, and non-custodial parent.)  
   **Don’t report** money received from a parent and/or stepparent listed on the FAFSA.  
   $\text{_______}/\text{yr}$
**Required Additional information:**

Your application has been selected by the U.S. Department of Education for determination of sufficient support for the household.

Provide information about any other resources, benefits, and other amounts received by the student and any members of the parent'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 includes such things as:

- Federal veterans' education benefits (GI Bill benefits),
- Basic military housing allowances or the value of on-base military housing,
- Section 8 housing assistance,
- SNAP,
- TANF,
- Social Security benefits,
- Retirement benefits,
- Federal aid received by others in your household,
- Gifts and/or loans received by family members and/or friends,
- Others, etc.

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

**Do not leave the following section blank.**

**Either list recipients and types and amounts of support OR check the box and explain how your household's basic daily needs (i.e., food and shelter) are being met.**

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Type of Financial Support</th>
<th>Annual Amount of Financial Support Received in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Total Amount of Financial Support Received</strong></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

☐ Neither the student nor any members of the parent's household received any other resources, benefits or other types of financial support in calendar year 2015. *If you check this box, please explain below how your household's basic daily needs (i.e. food and shelter) are being met.*

**Explanation:**

-Continued-on Next Page-

(Both the student and one parent listed on the FAFSA must sign on the next page)
Certification/Signature:
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student’s Signature  (electronic signature not acceptable)  Date

Parent’s Signature  (electronic signature not acceptable)  Date

Printed Name of Parent Who Signed Above  Street Address  City  State  Zip

Please return to:
Office of Scholarships and Financial Aid
119 Student Union,
Stillwater, OK 74078-5061
Email: finaid@okstate.edu
Phone: (405) 744-6604
FAX#: (405) 744-6438  (If you fax this form, please don’t mail it)