THE UNIVERSITY OF OKLAHOMA

STUDENT FINANCIAL CENTER 1000 Asp Avenue, Room 105 Norman, Oklahoma 73019-4078 Phone (405) 325-9000 Fax (405) 325-7608 ou.edu/sfc

2025-26 DEPENDENT STUDENT SPECIAL CONDITION FORM

For parental loss of income that began during 2024. For loss of income beginning in 2025 please complete a 2025-26 Dependent Student Projected Income Form found at the following link. <u>https://ou.edu/sfc/financial-aid/special-circumstances</u>

Student Name:

Last 4 of Social Security #:_____ Sooner ID #: _____

_____ Daytime phone #:_____

<u>Section 1</u>: Loss of taxable income or loss of earner

 1. Since January 1, 2024, did your parent (or stepparent) lose his or her job for at least 10 weeks?
 Yes_____ No____

 If "Yes", which parent lost their job?______
 No______

What date did the parent lose their job?_____

Since January 1, 2024, was your parent or stepparent unable to work and earn money in the usual way due to a disability or natural disaster for at least 10 weeks? (Natural disasters include such things as a tornado, fire, flood, etc.)
 Yes____ No____

If "Yes", which	parent becan	ne unable to	work or	earn ir	ncome and	l what is	s the	nature	of the	natural	disaster	or
disability?												

What date did the change in earnings begin?

 Were your parents married when you completed the 2025-26 FAFSA, but have since <u>legally</u> separated or divorced? Yes _____ No _____ New Household Size _____

If "Yes", you MUST attach documentation of legal separation or divorce.

5. Has one of your parents died since you completed the 2025-26 FAFSA?

Yes____ No____ New Household Size _____

If your parents answered yes to any of the above questions, attach a <u>signed copy</u> of their 2024 federal income tax return with all schedules and W-2 forms. *If your parents were not required to file a 2024 federal tax return and will not file, contact the Student Financial Center.* Next, complete the chart on page 2 as indicated. List the amount of any other income received during 2024. Do not leave any item blank – enter zeros if applicable.

	2024 income
Unemployment Compensation	\$
Housing Allowance (example: Military or Clergy)	\$
Child Support	\$
All Other Non-Taxable Income	\$
Life Insurance proceeds	\$

Section 2: Loss of untaxed income and other change in circumstances

1. Since January 1, 2024, has your parent or stepparent lost unemployment compensation or any other untaxed income or benefits (such as court ordered child support or income or benefits from a public or private agency) which they received in 2023?

If "Yes", attach documentation showing the income or benefit ended (such as an order for child support). Attach documentation showing the total amount of the income or benefit received in 2024.

2. Since, January 1, 2024, have your parents incurred other non-discretionary expenses (expenses not associated with lifestyle or personal choice)? Examples: Private school tuition for a child with special educational or medical needs, excessive medical expenses not covered by insurance or reimbursed by another source, care for an elderly dependent parent, etc.

If you answered "Yes", you should contact the Student Financial Center

Supporting documentation must be attached or the request will be denied.

Signatures

I certify that all information is true and accurate to the best of my knowledge and that I have provided the documentation requested to verify the information provided on this form. I understand I may be required to provide additional documentation to support this request. THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMATION ON THIS FORM MAY INCLUDE REPAYMENT OF MONEY RECEIVED, PLUS A FINE AND/OR IMPRISONMENT.

Student Signature/Date

Parent 1 Signature/Date

Parent 2 Signature/Date

Return this form and documentation to the Student Financial Center address on page 1 or submit to the SFC Dropbox in One.ou.edu. Please do not submit by email.

01/2025

Yes No__

No

Yes