

**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 INDEPENDENT STUDENT SPECIAL CONDITION FORM**

**For use by independent students (or their spouses) whose loss of earnings began in 2024.**

For loss of earnings that began in 2025 please complete a 2025-26 Projected Income Form found at the link below.

<https://ou.edu/sfc/financial-aid/special-circumstances>

Student Name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ Sooner ID #: \_\_\_\_\_

**Section 1: Loss of taxable income or loss of earner**

1. Did you work at least 35 hours per week for at least 30 weeks in 2023 but ceased working in 2024? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", what is the date you stopped working? \_\_\_\_\_ **Attach a written explanation listing the reason(s) you stopped working or include documentation from your former employer. This is required for your request to be considered.**
  
2. **Since January 1, 2024**, has your spouse been unemployed for at least 10 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the date your spouse lost their job? \_\_\_\_\_
  
3. **Since January 1, 2024**, have you or your spouse been 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", what is the nature of the natural disaster or disability? \_\_\_\_\_  
\_\_\_\_\_  
What date did the change in earnings begin? \_\_\_\_\_
  
4. Were you married when you completed the 2025-26 FAFSA but have since legally separated or divorced?  
Yes \_\_\_\_\_ No \_\_\_\_\_ New Household Size \_\_\_\_\_  
**If "Yes", you MUST attach documentation of legal separation or divorce.**
  
5. Has your spouse died since you completed the 2025-26 FAFSA? Yes \_\_\_\_\_ No \_\_\_\_\_ New Household Size \_\_\_\_\_  
If "Yes", report the amount of life insurance benefits you received or will receive in 2025. \$ \_\_\_\_\_

**If you answered yes to any of the above questions, attach a signed copy of your 2024 federal income tax return with all schedules and W-2 forms.** If you are married and you and your spouse filed separately submit signed copies of both tax returns. *If you or your spouse were not required to file a 2024 federal tax return and will not file, contact the Student Financial Center.*  
Complete the table on the next page 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, 2023**, have you or your spouse lost unemployment compensation or some untaxed income or benefits (such as court ordered child support or income or benefits from a public or private agency) which you received in 2022?

Yes      No

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 you 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.

Yes      No

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

\_\_\_\_\_  
Spouse 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.**