



Return this form to any of the following:

- Poteau: Hemphill Hall – HH1102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2022-2023 Low Income Verification Worksheet

Student Name:	Student ID#:
Phone Number:	Date of Birth:

The income reported on your 2022-2023 FAFSA is unusually low by the Department of Education’s standards. This requires us to confirm the reported information on your application. Additional documentation may be requested to verify income for 2020.

- List parent(s) expenses and income if you are a dependent student.

Income/Benefits (January 2020 – December 2020)	Amount Received Per Month		
	Student/ Supporter	Parent (if dependent)	Spouse (if independent and married)
Short-term employment (Odd Jobs)	\$	\$	\$
Government Assistance (TANF, SNAP, etc.)	\$	\$	\$
Child Support Received	\$	\$	\$
Untaxed Student Aid (Financial Aid Refund)	\$	\$	\$
Cash Support from Any/All Sources	\$	\$	\$
Other: (please explain)	\$	\$	\$
Total Income	\$	\$	\$

Expenses (January 2020 – December 2020)	Amount Paid Per Month		
	Student/ Supporter	Parent (if dependent)	Spouse (if independent and married)
Housing (Rent/Mortgage)	\$	\$	\$
Utilities	\$	\$	\$
Groceries	\$	\$	\$
Transportation	\$	\$	\$
Personal Expenses	\$	\$	\$
Educational Costs Out of Pocket (not financial aid)	\$	\$	\$
Other: (please explain)	\$	\$	\$
Total Expenses	\$	\$	\$

If a longer explanation is required, please attach a separate page with your statement signed and dated.

Student’s Signature

Date

Parent’s Signature (Dependent Students Only)

Date

***Supporter’s Signature**

Date

*(if student was supported by someone other than parent or self)