



Return this form to any of the following:

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2024-2025 Means of Support Verification

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

The income and lack of benefits reported on your 2024-2025 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 2022. If a longer explanation is required, please attach a separate page with your statement signed and dated. Please fill in all applicable fields.

Income/Benefits

Amount Received Per Month on Behalf of the Student:	Student	Parent(s)	Spouse	Other Supporter
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 Monthly Income	\$	\$	\$	\$

Expenses

Amount Paid Per Month on Behalf of the Student: (i.e. the student’s “portion” of bills)	Student	Parent(s)	Spouse	Other Supporter
Housing (Rent/Mortgage)	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Groceries	\$	\$	\$	\$
Transportation	\$	\$	\$	\$
Personal Expenses	\$	\$	\$	\$
Educational Costs Out of Pocket (not financial aid)	\$	\$	\$	\$
Other: (please explain)	\$	\$	\$	\$
Total Monthly Expenses	\$	\$	\$	\$

Each person signing below certifies that all of the information reported is complete and correct.

Student’s Signature

Date

Parent’s Signature (Dependent Students Only)

Date

Student’s Spouse Signature (if applicable)

Date

Other Supporter’s Signature (if applicable)

Date