

Return this form to any of the following:

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

2025-2026 Means of Support Verification

		Trong	, 0111100101011
Student Name:			Student ID#:
Phone Number:			Date of Birth:
Student dependency status: Dependent Independen			
standards. This requires us to c requested to verify income for 20:	reported on your 2025-2026 confirm the reported information 23 or your current situation. If	FAFSA is unus on on your app a longer explan	sually low by the Department of Education's plication. Additional documentation may be nation is required, please attach a separate page I if you have any questions about this form.
Income/Benefits for the tax year: Please check all that apply and list amount received per month.		Student	Supporter:
☐ Short-term employment (Jobs)		\$	\$
☐ Food Assistance (TANF, SNAP, WIC, etc.)		\$	\$
☐ Disability Benefits (VA, SSI, etc.)		\$	\$
☐ Child Support Received		\$	\$
☐ Untaxed Student Aid (Financial Aid Refund)		\$	\$
☐ Cash Support from Other Sources (Not Jobs)		\$	\$
☐ Other: (please explain) Total Monthly Income		\$ \$	\$ \$
	Total Monthly Income)	\$
Expenses for the tax year: Please list amount payed per month.		Student	Supporter:
Housing (Rent/Mortgage)		\$	\$
Utilities (Water/Electric/Gas)		\$	\$
Groceries/Food Expenses		\$	\$
Transportation (Gas/Public Transportation costs)		\$	\$
Personal Expenses (Clothes/Hygiene Items, etc.)		\$	\$
Educational Costs Out of Pocket (not financial aid)		\$	\$
Other: (please explain)		\$	\$
Total Monthly Expenses		\$	\$
Each person signing below certifices Student's Signature	es that all of the information rep	oorted is compl	ete and correct. Date
Supporter Relationship to St		se DOther:	
Supporter's Name (please print)			
Supporter's Signature			Date