



# Murray State College Financial Aid Office

1 Murray Campus Drive  
Tishomingo, OK 73460  
Phone: 580-387-7220  
Fax: 580-387-7229  
[Financialaid@mscok.edu](mailto:Financialaid@mscok.edu)

## 2022-2023 Resource and Expense Worksheet-INDEPENDENT

An unusually low income was reported on your 2022-2023 Free Application for Federal Student Aid (FAFSA). To clarify your financial aid application and household situation, list and explain below the resources that were available to help you meet your living expenses in 2020. This information will be used to verify the FAFSA questions were answered correctly.

### STUDENT INFORMATION

_____	_____	_____
Last Name	First Name	MI
_____	_____@student.mscok.edu	
Student ID	MSC Email	

### FEDERAL/STATE BENEFITS INFORMATION

At any time during 2020 or 2021, did you and/or your spouse (if independent), your parent(s) (if dependent), or anyone in your parent(s)' household receive benefits from any of the federal programs listed below? Check all that apply.

- Medicaid or Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other Federal/State Benefits: \_\_\_\_\_

### EXPENSE INFORMATION

Please list the following expense information for 2020.

1. Rent or house payment amount paid in 2020: \$ \_\_\_\_\_
  - a. If rent amount is \$0, who provided housing? *List their relationship to the person(s) whose information is being provided:* \_\_\_\_\_
2. Additional expenses paid in 2020 (such as food, transportation, utilities, etc.): \$ \_\_\_\_\_

### OTHER INCOME INFORMATION

List and describe below other sources of income not reported on the FAFSA. If the source of income is a person(s), list their name and relationship to the person(s) whose information is being provided. **Do not include Federal/State Benefits Information listed above.**

Sources of Income in 2020	STUDENT AND SPOUSE (if applicable)
	Amount Received in 2020
Source 1:	\$ _____
Source 2:	\$ _____
Source 3:	\$ _____

### Certification Statement: *Handwritten signature(s) ONLY*

*By signing this form, I/we certify that all the information on this form is accurate and complete.*

Student Signature:	Date:
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