



## 2023-2024 Resource and Expense Worksheet

The income you reported on your 2023-2024 FAFSA does not appear sufficient to meet your basic living expenses (i.e. housing, utilities, food, etc.). In order to begin the verification process please complete and return this worksheet to the MSC financial aid office as soon as possible. **Dependent students must include parental information.**

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
NEW Student ID

\_\_\_\_\_  
MSC Email

\_\_\_\_\_@student.mscok.edu

### FEDERAL/STATE BENEFITS INFORMATION

Indicate below whether or not you, your spouse (if applicable), or your parents (if dependent) received benefits from any of the following programs in 2021-2022.

Program	Student (& Spouse if applicable)	Parent(s) (Dependent students only)
Medicaid or Supplemental Security Income (SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Free or Reduced-Price School Lunch	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Women, Infants & Children (WIC)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (list source if applicable):	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

### EXPENSE INFORMATION

Report the **ACTUAL monthly dollar amount** paid in 2021 for each expense. If the expenses vary in amount from month to month, provide the monthly average.

2021 Expenses	Amount Paid by Student (& Spouse if applicable)	Amount Paid by Parent (Dependent Students Only)	How was this paid? (Source of the income)
Rent or Mortgage	\$	\$	
Car Payment	\$	\$	
Food/Groceries	\$	\$	
Transportation	\$	\$	
Medical Expenses	\$	\$	
Utilities (Gas/Electric/phone/internet)	\$	\$	
Other:	\$	\$	
Total Monthly Expenses	\$	\$	

Return this completed form to MSC Financial Aid via in person, email to [financialaid@mscok.edu](mailto:financialaid@mscok.edu) or fax to 580-387-7229.

**OTHER INCOME INFORMATION**

List and describe below other sources of income that were not reported on the FAFSA if applicable. 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 for 2021	Student and Spouse (if applicable)	Parents (dependent students only)
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:
Parent Signature (Dependent Student Only):	Date:

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For Financial Aid Office Use Only

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**Changes Made to FAFSA**

**Federal/State Benefits for Household:**

Medicaid/SSI    
  WIC    
  SNAP    
  Free or Reduced Lunch    
  TANF

**Income Information Changes Made:**

Student/Parent Field: \_\_\_\_\_ Original Amount on FAFSA: \_\_\_\_\_ New Amount: \_\_\_\_\_

Student/Parent Field: \_\_\_\_\_ Original Amount on FAFSA: \_\_\_\_\_ New Amount: \_\_\_\_\_

Student/Parent Field: \_\_\_\_\_ Original Amount on FAFSA: \_\_\_\_\_ New Amount: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Completed:** \_\_\_\_\_ **Date FAFSA Came Back if Changes Were Made:** \_\_\_\_\_

**FA Signature** \_\_\_\_\_