



**B. 2016 & 2017 YEAR INCOME COMPARISON**

Indicate the 2016 & 2017 year income (received from January 1st to December 31st) for you and your spouse (if applicable). Attach all appropriate documentation to verify your income.

Type of Income	Independent Student 2016 Year Amount		Independent Student 2017 Year Amount		Date Change Occurred
	Student	Spouse	Student	Spouse	
Wages, Tips, Salary	\$	\$	\$	\$	
Retirement Benefits	\$	\$	\$	\$	
Disability Benefits	\$	\$	\$	\$	
Unemployment Benefits	\$	\$	\$	\$	
Social Security Benefits	\$	\$	\$	\$	
TANF/CAL WORKS Benefits	\$	\$	\$	\$	
Alimony	\$	\$	\$	\$	
Child Support Received	\$	\$	\$	\$	
Other (specify)	\$	\$	\$	\$	
<b>Total Income</b>	\$	\$	\$	\$	

**C. CERTIFICATION**

I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED ON THIS FORM AND ANY ATTACHMENTS HERETO ARE TRUE, COMPLETE AND ACCURATE. FALSE INFORMATION OR MISREPRESENTATION WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL, AND/OR REPAYMENT OF FINANCIAL AID.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Required if applicable)

\_\_\_\_\_  
Date

FINANCIAL AID OFFICE USE			
Request Status:			
Trans. #:	Denied		
	Approved (If already awarded, a revised award notification will be issued within 3-4 weeks.)		New EFC:
FA Signature:		Date:	
Comments:			

MSC Financial Aid Office: One Murray Campus Dr. Tishomingo, OK 73460  
 Telephone: 580-387-7220  
 Fax: 580-387-7229

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