

2023-2024 Parental Affidavit of Non-Support

University of Science & Arts of Oklahoma is required to verify dependency status as reported on the Free Application for Federal Student Aid (FAFSA). Federal and state laws and regulations stipulate applicants are required to provide parent(s)' financial and other information on their FAFSA unless they meet specific criteria to qualify as an independent student. Students who do not meet the established criteria for independent student status but wish to borrow dependent level unsubsidized student loans only may provide this form for consideration. Parents' refusal to provide information for the FAFSA does not qualify the student for dependency override consideration, and this form is not a request for a dependency override. If the student is not approved for dependent level unsubsidized loans only, parental information is still required for the FAFSA and federal financial aid eligibility.

STUDENT INFORMATION:

NAME _____ STUDENT ID _____

Communications regarding this request and all other financial aid correspondence is sent to the student's email address.

AFFIDAVIT OF NON-SUPPORT

TO BE COMPLETED IN THE PRESENCE OF A NOTARY OR SIGNED IN THE PRESENCE OF A USAO FINANCIAL AID OFFICER.

Parents must read, complete, agree with, and check to acknowledge ALL following statements. Unless deceased or unavailable to sign, both legal parents must sign this form, regardless of which parent the student lives with, or which parent is refusing to provide the information and financial support to the student. If both parents cannot complete and sign the same form, a second notarized form can be used. If one parent is unwilling to sign this form, that parent's information will be requested for the student's FAFSA. **If one parent is deceased or unavailable to sign, additional documentation may be requested.**

I/We certify the following:

- ☐ I/We are the legal parent(s) of the dependent student, _____. (Print Student's Name)
- ☐ I/We ended **ALL** financial support to this student in _____. (Month/Year)
- ☐ This student is **NOT** covered under **either** parent's health, auto, or other insurance policies.
- ☐ Parent(s) do not pay **ANY** bills for this student, or otherwise provide cash, housing, room, board, or any other in-kind support.
- ☐ Parent(s) do not/will not claim this student as a dependent on federal or other income tax returns for 2021; and will not claim this student as a dependent on future federal or other income tax returns.
- ☐ Parent(s) refuse to complete and provide income information for the 2023-2024 Free Application for Federal Student Aid (FAFSA) for this student. I/We understand that this refusal means this student will not receive any federal or state grant aid, need based subsidized student loans, parent PLUS loans, or federal work-study for their education.

Each person signing below certifies that all information reported is complete and correct. **Note: If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.**

PARENT 1: Print Name _____

Signature _____ Date ____/____/____

PARENT 2: Print Name _____

Signature _____ Date ____/____/____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

OR RECEIVED IN USAO FIN AID BY _____ DATE _____

State of _____ City/County of _____

Signed and acknowledged before me on _____, by _____ (Full Name of Signer),

and _____ (Full Name of Signer)

WITNESS my hand and official seal _____ (Notary Signature & Seal)

My commission expires on _____ (Date)

Return this form by electronic upload, mail, fax, or email to the Science & Arts Financial Aid Office as follows:

This document may be uploaded at usao.edu/myfinaid.

University of Science and Arts of Oklahoma

Financial Aid Office, Troutt Hall Room 112

1727 W Alabama Ave

Chickasha OK 73018

Phone (405) 574-1240

Fax (405) 574-1220

Email financialaid@usao.edu