



# 2017 EOP FINANCIAL INFORMATION FORM

The information you provide here will be used in the review of your eligibility for the Educational Opportunity Program. It is to your advantage to provide as much information as possible. Type or print your answers. Mail the completed form **with required documents** to: Application Services Center, The State University of New York, State University Plaza, P. O. Box 22007, Albany, New York 12201-2007. Your information will be transmitted to each of the SUNY campuses listed on page 4 to which you have applied as an EOP candidate.

## Section 1. Personal Information

Name: \_\_\_\_\_ Applicant ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ High School CEEB Code: \_\_\_\_\_

\_\_\_\_\_ Entry Term: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

U.S. Citizen:  Yes  No If no, permanent resident:  Yes  No

## Section 2. Exceptions to Income Guidelines

Answer **all** of the questions below to help determine if you qualify for exclusion from the income eligibility guidelines.

Are you or your family primarily dependent on public assistance payments from Temporary Assistance to Needy Families (i.e. Family Assistance, Safety Net)?  Yes  No

Are you in foster care as established by the court?  Yes  No

Are you a ward of the state or county?  Yes  No

If you answered **"Yes"** to either of the last two questions above, **skip to Section 8.**  
All others, **continue to Section 3.**

## Section 3. Dependency Status

Answer **all** of the questions below to help determine your dependency status.

Will you be 24 years of age by December 31, 2017?  Yes  No

Are you married? (Answer "yes" if you are separated, but not divorced.)  Yes  No

Are you currently serving on active duty in the U.S. Armed Forces?  Yes  No

Are you a veteran of the U.S. Armed Forces?  Yes  No

Do you have legal dependents (other than a spouse) who receive more than half of their support from you?  Yes  No

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?  Yes  No

Were you or are you an emancipated minor, as determined by a court?  Yes  No

Were you or are you in legal guardianship, as determined by a court?  Yes  No

At any time on or after July 1, 2016, were you determined to be an unaccompanied youth who is homeless or to be self-supporting and at risk of being homeless?  Yes  No

If you answered **"No"** to **all** of the questions above, your status is **"Dependent"** for the purposes of this form. Continue to Section 4.  
If you answered **"Yes"** to **any** of the questions above, your status is **"Independent"** for the purposes of this form. Skip to Section 5.

**Section 4. Parent Information - FOR DEPENDENT STUDENTS ONLY**

Dependent students **must** complete this section. Independent students should leave this section blank.

What is the current marital status of your parents?  Married  Single/Never Married  
 Divorced/Separated  Widowed  
 Unmarried and both parents living together

Date of Marital Status (mm/yyyy): \_\_\_\_\_

Who provided your financial support during the past 12 months?  Parent(s)  
 Other: \_\_\_\_\_

**Section 5. Household Information**

Provide the following information for all household members. A household member is anyone who currently lives at your home with you, as well as anyone who is dependent on the same income as you, even if that person does not live at your home. If there are more than 10 members in your household, attach a separate sheet providing the same information for each additional person in your household.

Name	Age	Relationship	Employment Status	Annual Pay before Taxes	Filed a 2015 federal tax return?	Dependent on the same income that supports you?
Applicant		Self			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 6. Additional Household Income**

Report all additional income received in your household for the current tax year.

Dividends, interest, rents or other income from investments: \$ \_\_\_\_\_  
 Social Services/Public Assistance (TANF, etc): \$ \_\_\_\_\_  
 Social Security benefits: \$ \_\_\_\_\_  
 Supplemental Security Income (SSI): \$ \_\_\_\_\_  
 Workers Compensation/Disability: \$ \_\_\_\_\_  
 Pension/Annuity: \$ \_\_\_\_\_  
 Unemployment: \$ \_\_\_\_\_  
 Alimony/Maintenance: \$ \_\_\_\_\_  
 Child Support: \$ \_\_\_\_\_  
 Other income (specify): \$ \_\_\_\_\_



## Required Financial Documentation

You must attach the following documents for the tax year 2015 to verify the information reported. Please do not return this form until the required documents are available.

### If you reported:

### You must attach:

No Income

- IRS Form 4506-T (Request for Transcript of Tax Return, Verification of Non-Filing)

Income from wages, tips, dividends, interest, rental, business profits

- IRS forms 1040, 1040A, 1040EZ, signed copies of 1040TEL or official transcript of tax returns; and
- Forms W-2, 1099, W9

Income from disability benefits, a pension, annuity, or unemployment benefits

- Letter from the appropriate institution stating applicable year's total award (if not already reported on a tax return)
- Disabilities Statement

Child support, maintenance or alimony

- Signed affidavit, court order or legal document indicating amount of child support and/or alimony

Public Assistance

- A signed letter from the agency stating applicable year's total award and names of recipients

Social Security, Supplemental Security Income or Veteran's Administration non-educational benefits

- SSA Form 1099 or letter from the agency stating applicable year's total award for each member of the household including names of individuals

You are a ward of the court, foster child or orphan

- Letter or court document from the government, courts, private agency responsible for your support

You are a U.S. Veteran

- Form DD214

You are a non-U.S. citizen and a permanent resident

- Form I-551 (Alien Registration Card)

You or your family owns a business

- IRS Form 1040 Schedule C

Unusual circumstances

- Notarized letters, statements, death certificates, etc. that corroborate claims

## Mailing Instructions

Mail your completed SUNY EOP Financial Information Form **together with required documents** to: Application Services Center, The State University of New York, State University Plaza, P. O. Box 22007, Albany, New York 12201-2007. Your information will be transmitted to each of the SUNY campuses listed below to which you have applied as an EOP candidate. Your completed form must include the following:

- This SUNY EOP Financial Information Form
- Your required financial documentation (see above)
- Your Personal Essay, if required (see Section 9)

## Campus Contacts

These SUNY Campuses accept this SUNY EOP Financial Information Form. Campuses marked with an (\*) require the Personal Essay described in Section 9.

Campus	Contact Number	Campus	Contact Number
SUNY Adirondack	518.743.2264	Morrisville State College	315.684.6046
Alfred State College	800.425.3733 x2	SUNY New Paltz	845.257.3220
Buffalo State College	716.878.4017	Niagara County Community College	716.614.6222
SUNY Canton	315.386.7123	Old Westbury	516.876.3068
SUNY Cobleskill	800.295.8988	* SUNY Oneonta	800.SUNY.123
SUNY Cortland	607.753.4711	Orange County Community College	845.341.4407
SUNY Fredonia	800.252.1212	SUNY Oswego	315.312.2250
Finger Lakes Community College	585.785.1390	SUNY Potsdam	315.267.2180
Fulton-Montgomery Community College	518.736.3622		