



The State University of New York

# 2021 EOP Financial Information Form

For Your Records

Date Submitted: \_\_\_\_\_

## Section 1. Personal Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Have you filed the FAFSA?  Yes  No

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

Have you applied for TAP?  Yes  No

U.S. Citizen:  Yes  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, cash grants received from public assistance)?

Yes  No

Are you in foster care as established by the court?

Yes  No

Are you a ward of the court 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.

Were you born before January 1, 1998?

Yes  No

As of today, are you married? (Also answer "yes" if you are separated, but not divorced.)

Yes  No

Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?

Yes  No

Are you a veteran of the U.S. Armed Forces?

Yes  No

Do you now have or will you have children who will receive more than half of their support from you between July 1, 2021 and June 30, 2022?

Yes  No

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2022?

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

**Section 3. Dependency Status (continued)**

Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?  Yes  No

At any time on or after July 1, 2020, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?  Yes  No

At any time on or after July 1, 2020, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?  Yes  No

At any time on or after July 1, 2020, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were 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**

What are the names of your legal parents (biological or adoptive)? Legal Parent 1: \_\_\_\_\_

Legal Parent 2: \_\_\_\_\_

What is the relationship of your legal parents to each other?

- Married  Divorced/Separated
- Not married and living together  Widowed
- Never married

If your legal parents were married to each other at one time, provide the month and year they were married, separated, divorced or widowed.

\_\_\_\_\_ Month \_\_\_\_\_ Year

If your legal parents are married to each other, or are not married but living together, skip to the last question in this section.

If your legal parents are not married to each other and do not live together, which parent did you live with more during the past 12 months?

- Legal Parent 1  Legal Parent 2  Neither Parent

If you answered "Neither Parent" above, which parent provided more financial support during the past 12 months?

- Legal Parent 1  Legal Parent 2  Neither Parent

Is the legal parent identified in either of the last two questions above currently married or remarried?

- Yes  No

Provide the month and year that the parent identified above married or remarried.

\_\_\_\_\_ Month \_\_\_\_\_ Year

Complete for special circumstances only:

If you did not live with your legal parents during the past 12 months due to special circumstances, with whom did you live?

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to you

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to you

**Section 5. Household Information**

List your household members.

| Name  | Age  | Relationship | Employed in 2019?  | Wages and tips earned in 2019 | Filed a 2019 federal tax return?                         | Dependent on the same income that supports you?                     |
|-------|------|--------------|--|-------------------------------|--|---|
| _____ | ____ | _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                         | <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            |
| _____ | ____ | _____        | <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 tax year \_\_\_\_\_ .

- Dividends, interest, or other income from investments: \_\_\_\_\_
- Rents paid to you: \_\_\_\_\_
- Social Services/Public Assistance (TANF, etc): \_\_\_\_\_
- Social Security benefits: \_\_\_\_\_
- Supplemental Security Income (SSI): \_\_\_\_\_
- Workers Compensation/Disability: \_\_\_\_\_
- Pension/Annuity: \_\_\_\_\_
- Unemployment: \_\_\_\_\_
- Veterans Noneducation Benefits: \_\_\_\_\_
- Alimony/Maintenance: \_\_\_\_\_
- Child Support: \_\_\_\_\_
- Other income, including money received or paid on your behalf, e.g. bills, not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported above and that is not part of a legal child support agreement (specify): \_\_\_\_\_

## Section 7. Household Assets

Report the current value of the following assets held by your household.

Your cash, checking and savings accounts: \_\_\_\_\_

Your investments (non-retirement): \_\_\_\_\_

Your trust fund/settlement: \_\_\_\_\_

Spouse's cash, checking and savings accounts: \_\_\_\_\_

Spouse's investments (non-retirement): \_\_\_\_\_

Spouse's trust fund/settlement: \_\_\_\_\_

Legal Parent 1 or Stepparent's cash, checking and savings accounts: \_\_\_\_\_

Legal Parent 1 or Stepparent's investments (non-retirement): \_\_\_\_\_

Legal Parent 2 or Stepparent's cash, checking and savings accounts: \_\_\_\_\_

Legal Parent 2 or Stepparent's investments (non-retirement): \_\_\_\_\_

|  | Purchase Year | Purchase Price | Current Value | Current Debt | Monthly Mortgage Payment |
|--|---------------|----------------|---------------|--------------|--------------------------|
| Business or farm owned by you, your spouse or your parent(s):  | _____         | _____          | _____         | _____        | _____                    |
| Home owned by you, your spouse or your parent(s):              | _____         | _____          | _____         | _____        | _____                    |
| Other real estate owned by you, your spouse or your parent(s): | _____         | _____          | _____         | _____        | _____                    |

## Section 8. Academic Background

Please indicate if you currently participate in any of following programs:

- Educational Opportunity Center (EOC)       GEAR-UP       Talent Search       Upward Bound  
 Early College, Middle College or Gateway to College       STEP       Liberty Partnership       TRIO

## Next Steps

### Step 1: Completed

This information will be transmitted to each of the SUNY campuses to which you have applied as an EOP applicant, provided the campus accepts this form (see [www.suny.edu/attend/apply-to-suny/eop-fin-info](http://www.suny.edu/attend/apply-to-suny/eop-fin-info)).

### Step 2: Required

Upload your required financial documentation or print the EOP Financial Documentation Cover Sheet and mail with your required financial documentation.