



2018 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. You may type and save your answers on this form. Once it is complete, print and mail a copy of the completed form **with required documents** to: SUNY Cortland, Office of Admissions, P.O. Box 2000, Cortland, NY 13045.

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, 2018? 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, 2017, 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 2016 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 2016 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): \$ _____

Section 7. Household Assets

Report the current value of the following assets held by your household. Independent students are not required to report information regarding assets held by parents.

Your cash, checking and savings accounts: \$ _____

Your investments (non-retirement): \$ _____

Spouse's cash, checking and savings accounts: \$ _____

Spouse's investments (non-retirement): \$ _____

First Parent or Stepparent's cash, checking and savings accounts: \$ _____

First Parent or Stepparent's investments (non-retirement): \$ _____

Second Parent or Stepparent's cash, checking and savings accounts: \$ _____

Second Parent or Stepparent's investments (non-retirement): \$ _____

	Purchase Year	Purchase Price	Current Debt
Business or farm owned by you, your spouse or your parents:	_____	\$ _____	\$ _____
Home owned by you, your spouse or your parents:	_____	\$ _____	\$ _____
Other real estate owned by you, your spouse or your parents:	_____	\$ _____	\$ _____

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

Section 9. Personal Essay

Some of the campuses to which you have applied may require a Personal Essay. If you have applied to any campus marked with an asterisk (*) on page 4, please provide a response to the following questions (up to 500 words) to help us better understand your interest in EOP. Attach your response to this form. Be sure to include your name on the attachment.

- 1.) What motivated your interest to pursue post-secondary education?
- 2.) Explain the circumstances that affected your academic performance in high school.
- 3.) Based on what you know about the Educational Opportunity Program, how do you think the program will benefit you?

Section 10. Certification

I understand that I must be academically and economically eligible for EOP and that I **must provide required documentation with this form** to prove my eligibility. I understand that I am required to file the 2018-19 Free Application for Federal Student Aid (FAFSA) as soon as possible after October 1, 2017. I understand that additional paperwork may also be required.

All information submitted is true to the best of my knowledge. I understand that any knowing falsification or omission of data may result in the denial of admission or dismissal.

Applicant Signature: _____ Date: _____

First Parent or Stepparent's Signature: _____ Date: _____

Second Parent or Stepparent's Signature: _____ Date: _____

Required Financial Documentation

You must attach the following documents for the tax year 2016 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	<ul style="list-style-type: none"> • IRS Form 4506-T (Request for Transcript of Tax Return, Verification of Non-Filing)
Income from wages, tips, dividends, interest, rental, business profits	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Signed affidavit, court order or legal document indicating amount of child support and/or alimony
Public Assistance	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Letter or court document from the government, courts, private agency responsible for your support
You are a U.S. Veteran	<ul style="list-style-type: none"> • Form DD214
You are a non-U.S. citizen and a permanent resident	<ul style="list-style-type: none"> • Form I-551 (Alien Registration Card)
You or your family owns a business	<ul style="list-style-type: none"> • IRS Form 1040 Schedule C
Unusual circumstances	<ul style="list-style-type: none"> • Notarized letters, statements, death certificates, etc. that corroborate claims

Mailing Instructions

Mail your completed SUNY EOP Financial Information Form **together with required documents** to: SUNY Cortland, Office of Admissions, P.O. Box 2000, Cortland, NY 13045. 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	* SUNY Geneseo	585.245.5725
Alfred State College	800.425.3733 x2	Morrisville State College	315.684.6046
Buffalo State College	716.878.4017	SUNY New Paltz	845.257.3220
SUNY Canton	315.386.7123	Niagara County Community College	716.614.6222
SUNY Cobleskill	800.295.8988	Old Westbury	516.876.3068
SUNY Cortland	607.753.4711	* SUNY Oneonta	800.SUNY.123
Finger Lakes Community College	585.785.1390	Orange County Community College	845.341.4407
SUNY Fredonia	800.252.1212	SUNY Oswego	315.312.2250
Fulton-Montgomery Community College	518.736.3622	SUNY Potsdam	315.267.2180