

DO NOT MAIL THIS WORKSHEET

Think First. Type Second. This worksheet allows you to read and complete questions before entering your information online. This is a good time for you to check with your school counselor or college advisor regarding any question or answer of which you may be unsure. The questions are listed in the same order that they appear online. For a list of SUNY campuses that accept this form, visit www.suny.edu/attend/apply-to-suny/eop-financial.

Continue 1 Louis Information			
Section 1. Login Information			
Email Address:			
Passuard			
Password: _			_
C. N. C. E. C. H. L. C.			
Section 2. Exceptions to Income Guidelines			Ť
Answer all of the questions below to help of	determine if you qualify for exclusion from the income eligibili	ty guidelin	es.
	t on public assistance payments from Temporary Assistance Safety Net, cash grants received from public assistance)?	Yes	□ No
Are you in foster care as established by the	e court?	Yes	☐ No
Are you a ward of the court or county?		Yes	☐ No
If you answered "Yes" to either of the last t	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 of	determine your dependency status.		
Were you born before January 1, 2001?		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 Force	s?	Yes	☐ No
Do you now have or will you have children between July 1, 2024 and June 30, 2025?	who will receive more than half of their support from you	Yes	☐ No
Do you have dependents (other than your more than half of their support from you, n	children or spouse) who live with you and who receive ow and through June 30, 2025?	Yes	☐ No
At any time since you turned age 13, were were you a dependent or ward of the cour	ooth your parents deceased, were you in foster care or t?	Yes	☐ No
As determined by a court in New York Stat	e, are you or were you an emancipated minor?	Yes	☐ No

Section 3. Dependency Status (continued) Does someone other than your parent or stepparent have legal guardianship of you, as determined by a Yes No court in your state of legal residence? At any time on or after July 1, 2023, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting Yes No At any time on or after July 1, 2023, did the director of an emergency shelter or transitional housing ☐ Yes ☐ No 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? At any time on or after July 1, 2023, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was Yes □ No homeless or were self-supporting and at risk of being homeless? 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. For the purposes of this form, "legal parent" means your (biological or adoptive) parent, or a person that the state has determined to be your legal parent. Grandparents, foster parents, stepparents, legal guardians, widowed stepparents, aunts, uncles and siblings are not considered legal parents on this form unless they have legally adopted you. Legal Parent 1: What are the names of your legal parents (biological or adoptive)? Legal Parent 2:_ If unknown, enter "unknown." Divorced/Separated What is the relationship of your legal parents to each other? Married Not married and Widowed living together Never married If your legal parents were married to each other at one time, provide the month and year they were married, separated, Month Year divorced or widowed to or from each other. 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 Legal Parent 1 Legal Parent 2 Neither Parent past 12 months? If you answered "Neither Parent" above, which parent provided Legal Parent 1 Legal Parent 2 ☐ Neither Parent more financial support during the past 12 months? Is the legal parent identified in either of the last two questions □ No above currently married or remarried?

married or remarried.

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?

Provide the month and year that the parent identified above

Name Relationship to you

Year

Relationship to you Name

Month

Section 5. Household Information

Provide the following information for all household members.

Dependent Students: Include yourself, the parent(s) with whom you live, your stepparent if applicable, their other dependent children (even if they do not live with you) if your parent(s) will provide more than half of their support between July 1, 2024 and June 30, 2025, and other people if they now live with you, your parent(s) provide more than half of their support and your parent(s) will continue to provide more than half of their support between July 1, 2024 and June 30, 2025.

Note to students not living with a parent: Under very limited circumstances (for example, your parents are incarcerated; you have left home due to an abusive family environment; or you do not know where your parents are and are unable to contact them), you may be able to submit your SUNY EOP Financial Information Form without parental information. Contact the EOP Office at a campus to which you intend to apply for further instructions.

Independent Students: Include yourself, your spouse (if married), your children (if any) if you will provide half of their support between July 1, 2024 and June 30, 2025, even if they do not live with you, and other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between July 1, 2024 and June 30, 2025.

If there are more than 6 members in your household, attach a separate sheet providing the same information for each additional person in your household.

Name	Age	Relationship	Employed in 2022?	Wages and tips earned in 2022	Filed a 2022 federal tax return?	Dependent on the same income that supports you?
Applicant		Self	Yes No	\$	Yes No	Yes No
			Yes No	\$	Yes No	Yes No
			Yes No	\$	Yes No	Yes No
			Yes No	\$	Yes No	Yes No
			Yes No	\$	Yes No	Yes No
			Yes No	\$	Yes No	Yes No
Section 6. Additional Household	Incom	е				
Report all additional income red If the answer is 0 or the questic				2.		
Dividends, interest, or other inc	ome fro	om investments:	\$			
Rents paid to you:			\$			
Social Services/Public Assistan	ce (TAN	IF, etc):	\$			
Social Security benefits:			\$			
Supplemental Security Income	(SSI):		\$			
Workers Compensation/Disabil	ity:		\$			
Pension/Annuity:			\$			
Unemployment:			\$			
Veterans Noneducation Benefit	s:		\$			
Alimony/Maintenance:			\$			
Child Support:			\$			
Other income: including money e.g. bills, not reported elsewher money that you received from a financial information is not report a legal child support agreem	e on thi a parent orted ab	s form. This include t or other person wove and that is not	es rhose t part			
			\$ <u></u>			

Section 7. Household Assets

Report the current value of the folloinformation regarding assets held by					to report
Your cash, checking and savings acc	counts:		\$		
Your investments (non-retirement):			\$		
Your trust fund/settlement:			\$		
Spouse's cash, checking and savings	accounts:		\$		
Spouse's investments (non-retireme	nt):		\$		
Spouse's trust fund/settlement:			\$		
First parent's cash, checking and sav	vings accounts:		\$		_
First parent's investments (non-retire	ement):		\$		_
Second parent's or Stepparent's cas	h, checking and sav	vings accounts:	\$		
Second parent's or Stepparent's inve	estments (non-retire	ement):	\$		_
Business or farm owned by you, your spouse or your parent(s):	Purchase Year	Purchase Price	Current Value	Current Debt	Monthly Mortgage Payment \$
Home owned by you, your spouse or your parent(s):		\$	\$	\$	\$
Other real estate owned by you, your spouse or your parent(s):		\$	\$	\$	\$
Section 8. Other Information					
Please indicate if you currently parti	cipate in any of foll	lowing programs:			
Educational Opportunity Center	(EOC)	GEAR-UP	☐ Talent Search	u Upwa	rd Bound
Early College, Middle College or	Gateway to College	sTEP	Liberty Partn	ership TRIO	
Have you filed for FAFSA? Yes	☐ No				
Have you applied for TAP? Yes	□ No				
Section 9. Personal Essay					
Some of the campuses to which you www.suny.edu/attend/apply-to-suny to the following questions (up to 50	y/eop-financial. If yo	ou have applied to	any of these campu	ıses, please provide	
 What motivated your interest to Explain the circumstances that Based on what you know about 	affected your acade	emic performance i		the program will b	enefit you?

Required Financial Documentation

f you reported:	You must attach:
You are a Non-U.S. citizen and a permanent resident	Form I-551 (Permanent Resident Card)
You are in foster care	Letter or court document from the government, courts, private agency responsible for your support
You are a ward of the court or county	 Letter or court document from the government, courts, private agency responsible for your support
You are an emancipated minor or in legal guardianship	Court order or legal document
You are married	Certificate of Marriage
You are on active duty	Military orders
You are a U.S. Veteran	Form DD214
You have been determined to be homeless	 Homeless youth determination from your high school or school district homeless liaison; or Homeless youth determination from the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development; or
	 Homeless youth determination from the director of a runaway or homeless youth basic center or transitional living program
ncome from wages, tips, dividends, interest, rental, business profits	 If Tax Return Filed: IRS form 1040, including all schedules, or official transcript of tax returns (visit https://www.irs.gov/individuals/get-transcript) If No Tax Return Filed: Forms W-2 or 1099; and IRS Verification of Non-Filing Letter (visit https://www.irs.gov/individuals/get-transcript)
ncome 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 Veterans Noneducation 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
No income	 IRS Verification of Non-Filing Letter (visit https://www.irs.gov/individuals/get-transcript) You may be contacted for additional information
Jnusual Circumstances	Notarized letters, statements, death certificates, etc.,