



Purchase College Supplemental Financial Information

The information you provide here will be used in the review of your eligibility for the Educational Opportunity Program at SUNY Purchase. All questions **must** be answered before you submit this form. Incomplete forms will not be accepted. You may scan and email this form, mail it, or fax it. If you have any questions, you may contact the Educational Opportunity Program at Purchase at 914-251-6520.

Mailing Address: SUNY Purchase – EOP
 735 Anderson Hill Rd.,
 Purchase, New York, 10577

Email Address: eop@purchase.edu

Fax: 914-251-6526

1. Personal Information

Student Name: _____

Address: _____

(include city, state, and zip) _____

Phone Number: _____

Date Of Birth: _____

U.S. Citizen: ☐ Yes | ☐ No

If no, Permanent Resident? ☐ Yes | ☐ No

If Permanent Resident, what is your A#? You **must** also attach a copy of your Permanent Resident card which includes the front and back of the card.

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 and neither your foster parents, nor your natural parents, provide support for college? ☐ 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.**

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?

☐ 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.

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

Date of Marital Status (mm/yyyy)

5. Household Information

Provide the following information for all household members. A household member is anyone who currently lives at your home with you. 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 | Will File a 2016 federal tax return? | Dependent on the same income that supports you? |
|-------|-------|--------------|-------------------|-------------------------|--|--|
| _____ | _____ | <u>Self</u> | _____ | _____ | <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 |

6. Additional Household Income

Reminder: Do not leave blank answers. If the answer is "0", please put "0" or "N/A".

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

2016

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): \$ _____

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.

Reminder: Do not leave blank answers. If the answer is "0", please put "0" or "N/A".

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): \$ _____

Are you the recipient of Settlement/trust fund? ☐ Yes | ☐ No

If so, do you have an appointed Executor thereby giving you direct access to these funds? ☐ Yes | ☐ No

How much is this fund worth? \$ _____

| | 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 | _____ | \$ _____ | \$ _____ |

8. 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 2018-2019 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

9. 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 • 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 |