

2025 EOP Financial Information Form

For Your Records Date Submitted:		
Section 1. Personal Information		
Name:	-	
Address:	_ Dat	e:
	- High School CEEB Coc	e:
	Entry Term Yea	ar:
	- Have you filed the FAFS	Yes No
Date of Birth:	- Have you applied for TAI	P? 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 exclusi	on from the income eligibilit	y guidelines.
Are you or your family primarily dependent on public assistance payments fr to Needy Families (i.e. Family Assistance, Safety Net, cash grants received fr		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 Secti All others, continue to Section 3 .	on 8.	
Section 3. Dependency Status		
Answer all of the questions below to help determine your dependency status	S.	
Were you born before January 1, 2002?		Yes No
As of today, are you married? (Also answer "yes" if you are separated, but no	ot divorced.)	Yes No
Are you currently serving on active duty in the U.S. Armed Forces for purpos	ses 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 you between July 1, 2025 and June 30, 2026?	their support from	Yes No
Do you have dependents (other than your children or spouse) who live with more than half of their support from you, now and through June 30, 2026?	you and who receive	Yes No
At any time since you turned age 13, were both your parents deceased, were or were you a dependent or ward of the court?	you in foster care	Yes No
As determined by a court in New York State, are you or were you an emancip	pated 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 court in your state of legal residence?		Yes No	
At any time on or after July 1, 2024, 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, 2024, did the director of an emerge program funded by the U.S. Department of Housing and Urban D an unaccompanied youth who was homeless or were self-suppor	evelopment determine that you were	Yes No	
At any time on or after July 1, 2024, did the director of a runaway or transitional living program determine that you were an unaccohomeless or were self-supporting and at risk of being homeless?	<u> </u>	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 Payant Information FOR DEDENDENT STUDENTS ON	V		
Section 4. Parent Information - FOR DEPENDENT STUDENTS ON	-1		
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 Divor	ced/Separated	
	Not married and Wido living together	wed	
	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 Yea	ır	
If your legal parents are married to each other, or are not married section.	but living together, skip to the last que	estion in this	
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 Par	ent 2: Neither Parent	
If you answered "Neither Parent" above, which parent provided more financial support during the past 12 months?	Legal Parent 1: Legal Par	ent 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 Yea	ır	
Complete for special circumstances only:			
1 1			
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	
If you did not live with your legal parents during the past 12 months due to special circumstances,	Name Name	Relationship to you Relationship to you	

Section 5. Household Information List your household members. Name Age Relationship **Employed** Wages and Filed a Dependent on the in 2023? tips earned 2023 federal same income that tax return? supports you? in 2023 Yes Yes No Yes No No Yes Yes No Yes No No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No Yes No Yes 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). Step 2: Required Upload your required financial documentation or print the EOP Financial Documentation Cover Sheet and mail with your required financial documentation.