



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: _____

Date of Birth: _____

Have you filed the FAFSA? Yes No

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).

Step 2: Required

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