



2024 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 sign then mail, email or fax a copy of the completed form **with required documents** to:

SUNY Cobleskill- Student Financial Services 106 Suffolk Circle Cobleskill, NY 12043. **Email:** FinancialAid@Cobleskill.edu

Fax: (518)255-5844

Section 1. Personal Information

Name: _____

High School CEEB _____

Address: _____

Code: Entry Term: _____

Date: _____

Date of Birth: _____

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, 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, 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 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, 2024 and June 30, 2025? 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, 2025? 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

As determined by a court in New York State, 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 court in your state of legal residence? Yes No

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 and at risk of being homeless? Yes No

At any time on or after July 1, 2023, 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, 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 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

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.

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 to or from each other.
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 either of your legal parents during the past 12 months, with whom did you live?
Name _____ Relationship to you _____
Name _____ Relationship to you _____

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 _____	<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 2022. If the answer is 0 or the question does not apply to you, enter 0.

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. Independent students are not required to report information regarding assets held by parents. If the answer is 0 or the question does not apply to you, enter 0.

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: \$ _____

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

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

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

Second parent's 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. Other Information

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

Have you filed for FAFSA? Yes No

Have you applied for TAP? Yes No



1) Did you receive free and reduced-price meals and free milk between July 1, 2023 through June 30, 2024? Yes No

2) Please list the people in your household and indicate, if applicable, what college they will attend in 2024-2025.

Full name <small>List everyone in your house hold: parent, siblings, self, spouse, dependents etc.</small>	Age	Relationship to Student	Are they or will be enrolled at least half-time in a degree granting program?	Name of the college attending <small>(if applicable)</small>
		Self	Yes	SUNY Cobleskill
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	

3) Please read and sign:

I recently completed the 2024-2025 EOP Financial Information Form and all the information that I provided on that form 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.

I understand that I must be academically and financially eligible for EOP and that I must complete a 2024-2025 Free Application for Federal Student Aid (FAFSA) as soon as possible.

I also agree to provide any and all financial documentation requested by SUNY Cobleskill Student Financial services staff.

Applicant's Name (please print): _____

Applicant's Cobleskill ID# (if known): _____

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Questions? Contact SUNY Cobleskill Student Financial Services
106 Suffolk Circle
Cobleskill, NY 12043
518-255-5623
financialaid@cobleskill.edu

Required Financial Documentation

You will need to provide the following documents for the tax year 2022 to verify the information reported.

If you reported:

You must attach:

You are a Non-U.S. citizen and a permanent resident	<ul style="list-style-type: none"> Form I-551 (Alien Registration Card)
You are in foster care	<ul style="list-style-type: none"> Letter or court document from the government, courts, private agency responsible for your support
You are a ward of the court or county	<ul style="list-style-type: none"> Letter or court document from the government, courts, private agency responsible for your support
You are an emancipated minor or in legal guardianship	<ul style="list-style-type: none"> Court order or legal document
You are married	<ul style="list-style-type: none"> Certificate of Marriage
You are on active duty	<ul style="list-style-type: none"> Military orders
You are a U.S. Veteran	<ul style="list-style-type: none"> Form DD214
You have been determined to be homeless	<ul style="list-style-type: none"> 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
Income from wages, tips, dividends, interest, rental, business profits	<p>If Tax Return Filed:</p> <ul style="list-style-type: none"> IRS form 1040, including all schedules, or official transcript of tax returns (visit https://www.irs.gov/individuals/get-transcript) <p>If No Tax Return Filed:</p> <ul style="list-style-type: none"> Forms W-2 or 1099; and IRS Verification of Non-Filing Letter (visit https://www.irs.gov/individuals/get-transcript)
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 Veterans Noneducation 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
No income	<ul style="list-style-type: none"> IRS Verification of Non-Filing Letter (visit https://www.irs.gov/individuals/get-transcript) You may be contacted for additional information
Unusual Circumstances	<ul style="list-style-type: none"> Notarized letters, statements, death certificates, etc., that corroborate claims