

EOP APPLICANT - INDEPENDENT

2015-2016 Verification Worksheet Federal Student Aid



STEP 1 – STUDENT’S INFORMATION

Last Name	First Name	Delhi 800 Number
Permanent Street Address	Apt. Number	City/State/Zip
Permanent Phone Number (Include Area Code)	Student's Email Address	Date of Birth

STEP 2 - HOUSEHOLD INFORMATION

Please completely fill out the following table.

Include:

- Yourself
- Your spouse, if you are married
- All dependents you listed on the FAFSA
- Anyone else living with you, **ONLY** if they are primarily supported by you
 - **Proper verification will be required for each other member listed in the household, please refer to the FAQ sheet for appropriate supporting documentation**
- Provide the higher education institution name and degree program for any dependents that will be enrolled between July 1, 2015, and June 30, 2016.
- State whether or not each member worked during the previous year and provide supporting documentation
- **If additional space is needed, please attach a separate sheet**

Full Name	Age	Relationship	Name of College/Degree Program (If at least half-time 2015-2016)	Work During 2014 (YES) (NO)
		Self (student)	SUNY Delhi	

The Education Opportunity Program requires a paper copy of the tax return transcript from the most recent tax season for any working individual in the household. For those that worked but were not required to file taxes, the program requires copies of any W-2's. Any household member over the age of 18 that did not file taxes **MUST** file an IRS form 4506-T. We will not be able to process any financial information until there is appropriate documentation for each individual listed.

STEP 3 – CHILD SUPPORT - CALENDAR YEAR 2014

Did anyone listed in the household from **STEP 2** pay or receive child support because of divorce or separation during the calendar year 2014?

___ NO

You will be required to submit court documentation recording the amount paid and/or received for each child.

___ YES

STEP 4 – PUBLIC ASSISTANCE INFORMATION - CALENDAR YEAR 2014

Did any of the persons listed in **STEP 2** of this worksheet receive Food Stamps, participate in the Supplemental Nutrition Assistance Program (SNAP), and/or participate in any cash assistance programs such as Temporary Assistance for Needy Families (TANF) in 2014?

___ NO

You will be required to submit a letter from the supporting agency listing the applicable year's total awards and the names of each recipient.

___ YES

STEP 5 – STATE AND FEDERAL UNTAXED INCOME - CALENDAR YEAR 2014

Did any of the persons listed in **STEP 2** of this worksheet receive any untaxed income or benefits in the 2014 calendar year? **This includes: Supplemental Security Income, Social Security Disability, Social Security Retirement, Veteran's Administration Pension, or Veteran's Administration non-educational credits.**

___ NO

You will be required to submit a letter from the supporting agency listing the applicable year's total awards and the names of each recipient.

___ YES

For a table of acceptable documentation for each category listed, please refer to the supplemental FAQ sheet provided. If there are any further questions, please contact the Student Financial Services office at 607-746-4570

STEP 6 – CERTIFICATION AND SIGNATURES

By signing this worksheet, we certify that all the information reported on this form is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Spouse's Signature

Date

Please take note that SUNY Delhi accepts a limited number of new EOP applicants, so be sure to respond and submit any supplemental documentation in a timely fashion. Be assured that you will be contacted if this application is incomplete or missing any additional forms.

MAIL TO	FAX TO	EMAIL TO
SUNY Delhi Student Financial Services 454 Delhi Drive Delhi, NY 13753	607-746-4208	financialaid@delhi.edu