

2021-2022

EOP Household Verification Form

We have reviewed the documentation that you have previously submitted and we are now requesting additional information. Please be sure to complete this form and submit to our office for review. The information you provide will be used to review your financial eligibility for the Educational Opportunity Program (EOP) at SUNY Delhi. Please provide as much information as possible.

SECTION 1 – STUDENT INFORMATION

Name: _____ Email: _____
 Address: _____ DOB: _____

SECTION 2 – HOUSEHOLD INFORMATION

DEPENDENT STUDENTS	INDEPENDENT STUDENTS
<p>List below the people in your household. Include:</p> <ul style="list-style-type: none"> Yourself (the student). 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, 2021 and June 30, 2022. Other people if they now live with you, your parent(s) provide more than half their support, and your parent(s) will continue to provide more than half their support between July 1, 2021 and June 30, 2022. <p>• <i>If more space is needed, attach a separate page.</i></p>	<p>List below the people in your household. Include:</p> <ul style="list-style-type: none"> Yourself (the student). Your spouse, if married. Your children (if any) if you will provide half of their support between July 1, 2021 and June 30, 2022, even if they do not live with you. 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, 2021 and June 30, 2022. <p>• <i>If more space is needed, attach a separate page.</i></p>

Name	Age	Relationship	Did you work in 2019?	Wages and tips earned in 2019	Filed a 2019 Federal Tax Return?	Dependent on the same income that supports you?
1.		Self	<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
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<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.			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<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 3 – CERTIFICATION AND SIGNATURES

You may be asked to submit additional documentation. By signing this form, I/we certify that all the information reported on this form is complete and correct. **Electronic signature are NOT acceptable.**

Student Signature: _____ Date: _____
 Parent Signature (if dependent student): _____ Date: _____