

2026 SUNY 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 mail a copy of the completed form with required documents** to: Cayuga Community College, Office of Admissions, 197 Franklin Street, Auburn, NY 13021.B

Section 1. Personal Information

Name: _____ High School CEEB Code: _____
Address: _____ Entry Term: _____
_____ Date: _____
Date of Birth: _____
U.S. Citizen? ☐ Yes ☐ No If no, Permanent Resident? ☐ Yes ☐ No

Section 2. Financial Aid Application Status

Did you file the FAFSA? ☐ Yes ☐ No

Section 3. Exceptions to Income Guidelines

Answer all 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

If yes, do you consent and permit SUNY to share the necessary personal information provided on this form with the Office of Temporary Disability Assistance (OTDA) as required for verification of identity and confirmation of eligibility? ☐ Yes ☐ No

If you consent above, provide your Client Identification Number (CIN) _____

Are you in foster care as established by the court? ☐ Yes ☐ No

Are you a ward of the state or county? ☐ Yes ☐ No

If you answered **"Yes"** to either of the last two questions above, **skip to Section 11**.
All others, **continue to Section 4**.

Section 4. Dependency Status

Answer all the questions below to help determine your dependency status. Not living with parents or not being claimed by them on tax forms does not make you an independent student for purposes of applying for EOP.

Were you born before January 1, 2003? ☐ Yes ☐ No

As of today, are you married? (Answer "No" 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 have children or other people (excluding your spouse) who live with you and who receive more than half of their support from you now and between July 1, 2026 and June 30, 2027? ☐ Yes ☐ No

At any time since you turned age 13, were you an orphan (no living biological or adoptive parent)? ☐ Yes ☐ No

At any time since you turned age 13, were you a ward of the court? ☐ Yes ☐ No

At any time since you turned age 13, were you in foster care? ☐ Yes ☐ No

As determined by a court in New York State, are you or were you a legally emancipated minor? ☐ Yes ☐ No

As determined by a court in New York State, are you or were you in a legal guardianship with someone other than your parent or stepparent? ☐ Yes ☐ No

At any time on or after July 1, 2025, were you unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless? ☐ Yes ☐ No

If yes, did any of the following determine if you were homeless or at risk of becoming homeless?

- ☐ Your high school or school district homeless liaison or designee
- ☐ A director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness
- ☐ A director or designee of a project supported by a federal TRIO or GEAR UP program grant
- ☐ A college financial aid administrator
- ☐ None of these apply

If you answered **“No”** to all the questions above, your status is **“Dependent”** for the purposes of this form. Continue to Section 5. If you answered **“Yes”** to any of the questions above, your status is **“Independent”** for the purposes of this form. Skip to Section 7.

Section 5. 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 Section 6.

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

What is the name of the stepparent identified above?

Provide the month and year that the parent and stepparent identified above married or remarried.

_____ Month _____ Year

Section 6. Parent Income – FOR DEPENDENT STUDENTS ONLY

Parent 1 Income.

Provide the following income information for Legal Parent 1 if your parents are married, or not married and living together. Otherwise, provide information for the Legal Parent identified as the parent you lived with more, or who provided more financial support, during the past 12 months.

Employed in 2024? ☐ Yes ☐ No

Filed a 2024 federal tax return? ☐ Yes ☐ No

Filed jointly with spouse? ☐ Yes ☐ No

Parent 2 Income.

Provide the following income information for Legal Parent 2 if your parents are married, or not married and living together. Otherwise, provide information for your stepparent if the parent you lived with more, or who provided more financial support during the past 12 months, has married or remarried.

Employed in 2024? ☐ Yes ☐ No

Filed a 2024 federal tax return? ☐ Yes ☐ No

Skip to Section 8.

Section 7. Student Income – FOR INDEPENDENT STUDENTS ONLY

Student Income.

Provide the following income information for you.

Employed in 2024? ☐ Yes ☐ No

Filed a 2024 tax return? ☐ Yes ☐ No

Filed jointly with spouse? ☐ Yes ☐ No

Student Spouse Income.

Provide the following income information if you are married.

Employed in 2024? ☐ Yes ☐ No

Filed a 2024 tax return? ☐ Yes ☐ No

Section 8. Additional Household Information

Add each additional member of your household, excluding yourself, your spouse (if married) and your parents (if dependent), below.

Dependent Students:

A household member is a dependent child of the parent(s) listed in Section 5. (even if they live separate from the family because of college enrollment), and other people living with your parent(s) now. Include these dependent children and other people only if your parent(s) will provide more than half of their support between July 1, 2026 and June 30, 2027.

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 an Enrollment Advisor at applysuny@suny.edu or 518.320.1478 for further instructions.

Independent Students:

A household member is your dependent child (even if they live separate from the family because of college enrollment), and other people living with you now. Include these dependent children and other people only if you will provide more than half of their support between July 1, 2026 and June 30, 2027.

Name	Age	Relationship	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 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 9. Additional Household Income

Did your household receive income from any of the following sources?

Dividends, interest, rents or other income from investments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rents paid to you	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Services/Public Assistance (SNAP, WIC, etc.)B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers Compensation / Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans Noneducation benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Profit from Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Profit from Farm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other income - Please specify: _____	

Section 10. 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.

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 or Stepparent's cash, checking and savings accounts	\$ _____
Second Parent or Stepparent's investments (non-retirement)	\$ _____

Additional Assets

	Current Value	Current Debt
Business or farm owned by you, your spouse or your parents	\$ _____	\$ _____
Home owned by you, your spouse your parents	\$ _____	\$ _____
Other real estate owned by you, your spouse or your parents	\$ _____	\$ _____

Section 11. Academic Background

Please indicate if you currently participate in any of the following programs.

Early College, Middle College or Gateway to College	<input type="checkbox"/>
Educational Opportunity Center	<input type="checkbox"/>
GEAR-UP	<input type="checkbox"/>
Liberty Partnership	<input type="checkbox"/>
STEP	<input type="checkbox"/>
Talent Search	<input type="checkbox"/>
TRIO	<input type="checkbox"/>
Upward Bound	<input type="checkbox"/>

Section 12. Certification

I understand that I must be academically and economically eligible for EOP and that I must provide required documentation with this form to prove my eligibility. I understand that I am required to file the 2026-27 Free Application for Federal Student Aid (FAFSA) as soon as possible. I understand that additional paperwork may also be required.B

All information submitted 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.B

Applicant Signature:B _____ Date: _____B

First Parent's Signature:B _____ Date: _____B

Second Parent or Stepparent's Signature: _____ Date: _____B

Mailing Instructions

Mail your completed SUNY EOP Financial Information Form **together with required documents** to: Cayuga Community College, Office of Admissions, 197 Franklin Street, Auburn, NY 13021. Your completed form must include the following:

- ☐ This SUNY EOP Financial Information Form
- ☐ Your required financial documentation

Required Financial Documentation

You will need to provide the following documents for the tax year 2024 to verify the information reported.

If you reported:

You must attach:

You are in foster care^B

- Letter or court document from the government, courts, or private agency confirming foster care placement^B

You are a ward of the court or county^B

- Letter or court document from the government, courts, or private agency responsible for your support^B

You are an emancipated minor or in legal guardianship^B

- Court order or legal document^B

You are married^B

- Certificate of Marriage^B

You are on active duty^B

- Military orders confirming active duty^B

You are a U.S. Veteran^B

- Form DD214^B

You have been determined to be homeless^B

- Homeless youth determination from your high school^B or school district homeless liaison; or^B
- Homeless youth determination from the director of an^B emergency shelter or transitional housing program; or^B
- Homeless youth determination from the director of a^B federal grant program, i.e. Upward Bound or Gear Up; or^B
- Homeless youth determination by a college financial aid administrator^B

Income from wages, tips, dividends, interest, rental, business profits^B

If Tax Return Filed:

- IRS form 1040, including all schedules signed, ^Bor official transcript of ^Btax returns (irs.gov/individuals/get-transcript)^B

If No Tax Return Filed:

- Forms W-2 or 1099; and^B
- IRS Verification of Non-Filing Letter or statement of non-filing (irs.gov/individuals/get-transcript)^B

Income a pension^B or annuity^B

- Letter from agency or 1099-R showing income from^B pension or annuity^B

Income from unemployment benefits^B

- Letter from agency or 1099-G showing income from^B unemployment^B

Income from disability benefits^B

- Letter from agency or statement showing income from^B disability benefits^B

Child Support or Alimony^B

- Signed affidavit, court order, or legal document indicating amount of child support and/or alimony^B

Public Assistance^B

- A^B letter, budget letter, or approval notice showing total^B award and names of recipients^B

Social Security, Supplemental Security Income or Veterans Noneducation Benefits^B

- SSA Form 1099 or letter from the agency stating^B applicable year's total award for each member of the^B household including names of individuals^B

No income^B

- IRS Verification of Non-Filing Letter^B or statement of non-filing^B (irs.gov/individuals/get-transcript)^B
- You may be contacted for additional information^B

Unusual Circumstances^B

- Notarized letters, statements, death certificates, etc., that^B corroborate claims^B