



**INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE
SUNY EOP FINANCIAL INFORMATION NEW PALTZ EDITION FORM
& SUNY NEW PALTZ EOP ATTACHMENTS A & B**

1. Carefully read ALL the information forms before beginning to complete them.
2. Complete all parts of all documents. **DO NOT** leave any parts blank
3. Be sure to include all other required documents with your completed forms.
4. You can check the status of your application in real-time by logging on to your **my.newpaltz.edu** account. Check your acknowledgment email if you have not set up your **my.newpaltz.edu** account and follow the directions to create you account.

**SEND YOUR COMPLETED SUNY EOP FINANCIAL INFORMATION
NEW PALTZ EDITION FORM & NEW PALTZ EOP ATTACHMENTS A & B,
PLUS ANY OTHER REQUIRED DOCUMENTS TO:**

Office of Undergraduate Admission
SUNY New Paltz
100 Hawk Drive
New Paltz, New York 12561-2499
email: admissions@newpaltz.edu
fax: 845-257-3209

If you have questions regarding your EOP application,
contact the Office of Undergraduate Admission at 845-257-3204
or admissions@newpaltz.edu. Please be sure to include your full name,
date of birth and SUNY New Paltz ID number if known.

**Remember, admission to New Paltz EOP is very competitive and on a first-completed,
first-decided basis. So do not delay submitting the SUNY EOP Financial Information New
Paltz edition form, New Paltz EOP Attachments A & B, or any requested documents.
This could seriously delay a final admission decision.**

Section 4. Parent Information - FOR DEPENDENT STUDENTS ONLY

Dependent students must complete this section. Independent students should leave this section blank.

What is the current marital status of your parents? Married Single/Never Married
 Divorced/Separated Widowed
 Unmarried and both parents living together

Date of Marital Status (mm/yyyy): _____

Who provided your financial support during the past 12 months? Parent(s)
 Other _____

Section 5. Household Information

Provide the following information for all household members. A household member is anyone who currently lives at your home with you, as well as anyone who is dependent on the same income as you, even if that person does not live at your home. If there are more than 10 members in your household, attach a separate sheet providing the same information for each additional person in your household.

Name	Age	Relationship	Employment Status	Annual Pay before Taxes	Filed a 2016 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
_____	_____	_____	_____	_____	<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 2016 tax year.

Dividends, interest, rents or other income from investments: \$ _____
 Social Services/Public Assistance (TANF, etc): \$ _____
 Social Security benefits: \$ _____
 Supplemental Security Income (SSI): \$ _____
 Workers Compensation/Disability: \$ _____
 Pension/Annuity: \$ _____
 Unemployment: \$ _____
 Alimony/Maintenance: \$ _____
 Child Support: \$ _____
 Other income (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.

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

	Purchase Year	Purchase Price	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 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

Indicate the highest level of education attained by First Parent:

- Less than a high school diploma High school diploma (or equivalent) Some college, no degree
 Associate degree Bachelor's degree or higher

Indicate the highest level of education attained by Second Parent:

- Less than a high school diploma High school diploma (or equivalent) Some college, no degree
 Associate degree Bachelor's degree or higher

Section 9. Personal Essay

If you **did not** submit a personal essay with either the SUNY Supplemental Application or the Common Application, you must do so now and include it with these forms, with your name and date of birth.

Section 10. 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 2018-19 Free Application for Federal Student Aid (FAFSA) as soon as possible after October 1, 2017. I understand that additional paperwork may also be required.

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.

Applicant Signature: _____ Date: _____

First Parent or Stepparent's Signature: _____ Date: _____

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

Required Financial Documentation

You must attach the following documents for the tax year **2016** to verify the information reported. Please do not return this form until the required documents are available.

If you reported:

You must attach:

No Income

- IRS Form 4506-T (Request for Transcript of Tax Return, Verification of Non-Filing)

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

- IRS forms 1040, 1040A, 1040EZ, signed copies of 1040TEL or official transcript of tax returns
- Forms W-2, 1099, W9

Income from disability benefits, a pension, annuity, or unemployment benefits

- 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

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

Public Assistance

- A signed letter from the agency stating applicable year's total award and names of recipients

Social Security, Supplemental Security Income or Veteran's Administration non-educational benefits

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

You are a ward of the court, foster child or orphan

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

You are a U.S. Veteran

- Form DD214

You are a non-U.S. citizen and a permanent resident

- Form I-551 (Alien Registration Card)

You or your family owns a business

- IRS Form 1040 Schedule C

Unusual circumstances

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

Final Checklist

- This SUNY EOP Financial Information Form - New Paltz Edition
- Your required financial documentation (see above)
- SUNY New Paltz EOP Attachment "A"
- SUNY New Paltz EOP Attachment "B"

Sending Instructions

Mail, email, or fax your completed SUNY EOP Financial Information Form-New Paltz Edition, your required financial documentation, New Paltz EOP Attachment "A" and New Paltz EOP Attachment "B" to:

Office of Undergraduate Admission, SUNY New Paltz, 100 Hawk Drive, New Paltz, NY 12561-2499

email: admissions@newpaltz.edu ▪ fax: 845-257-3209

EOP ATTACHMENT "A"

**PARENT INFORMATION SECTION
2018-2019**

Please print

Student's Name: _____
Last First MI
 New Paltz ID Number: N O

1. The current marital status of the parent you live with is:

- married to biological parent
- married to step-parent Year remarried _____
- divorced/separated from biological parent Year of divorce _____
- divorced/separated from step-parent Year of separation _____
- widowed from biological parent Year parent widowed _____
- never married*

*If you checked never married, what is the last date your parents lived in the same household? _____

***Please give information about both biological parents UNLESS the parent you live with has remarried. In that case, give information for that parent and step-parent.**

A. Father's Name: _____ Father Stepfather Legal Guardian
 Address: _____

 Occupation: _____ Employer: _____

B. Mother's Name: _____ Mother Stepmother Legal Guardian
 Address: _____

 Occupation: _____ Employer: _____

Amount of parent(s) monthly rent or mortgage payment: \$ _____

If parent(s) own a business then what type of business: _____

Do other household members attend college? Yes or No

If yes, then list name(s) with college(s):



New Paltz

STATE UNIVERSITY OF NEW YORK

Office of Undergraduate Admission

EOP ATTACHMENT "B"

STUDENT INFORMATION SECTION
2018-2019

Please print

Student's Name: Last First MI

New Paltz ID Number: N 0 1 2 3 4 5 6 7 8 9

Date you began living in New York State: Month/Day/Year

Date of High School graduation or GED/TASC Month/Day/Year

Name of High School:

Name of Guidance Counselor/College Advisor:

Have you ever attended another college? Yes No

If yes, name of college:

Date of attendance:

Are you a citizen of the United States? Yes No

If no, enter Alien Registration Number:

Attach a photocopy of your Resident Alien card (both sides).

Phone number: Day Evening

SPECIAL INSTRUCTIONS FOR STUDENTS WHO DO NOT LIVE WITH THEIR PARENTS:

If you are not a ward of the state and do not live with your parents, you must attach documentation as to why it is necessary for you to live with someone other than your parents. Documentation can be any legal documents regarding custody or a letter from a social worker, attorney, or high school guidance counselor. Please note that even if you do not live with either parent you may still be required to provide their income information for Financial Aid purposes. It is advised that you collect their tax returns and submit them if at all possible.