



INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE SUNY NEW PALTZ EOP FAMILY FINANCIAL QUESTIONNAIRE

IMPORTANT NOTE – SUNY NEW PALTZ DOES NOT USE THE SUNY EOP SUPPLEMENTAL APPLICATION

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

MAIL YOUR COMPLETED QUESTIONNAIRE PLUS REQUIRED DOCUMENTS TO:

**Educational Opportunity Program
SUNY New Paltz
1 Hawk Drive
New Paltz, New York 12561**

If you have questions regarding your EOP application, contact the Educational Opportunity Program at: [\(845\) 257-3220](tel:8452573220) or by email at eop@newpaltz.edu.

Remember, admission to New Paltz EOP is competitive and on a first- completed, first- decided basis. So do not delay submitting the EOP Family Financial Questionnaire or any requested documents. This could seriously delay a final admission decision.

Before any final decision can be made on your admission application to the **Educational Opportunity Program**, you are required to submit household information and income documentation so that your economic eligibility for EOP can be determined.

Economic Eligibility:

1. **EOP Family Financial Questionnaire** – You must complete this questionnaire (freshmen only).
2. **2016 FEDERAL INCOME TAX RETURN** - Submit a signed copy of your/your parent's Federal Income Tax Return (IRS 1040/1040A/1040EZ). Include all schedules and W2 forms.
3. **NON-TAXABLE INCOME** – Submit documentation of all non-taxable income received in 2016, such as Social Security, Social Services, and Veterans Benefits. Ask your case worker or an authorized official to complete, sign and stamp Form C and/or Form D, if applicable.
4. You must file the 2018-2019 **FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)** and indicate “New Paltz,” college code #002846, as a school to receive your information.

Remember, no final or “official” admission decision or financial aid will be offered without the materials listed above.

PLEASE PRINT (DO NOT LEAVE ITEMS BLANK)

Student's Name: _____
Last Name First Name M.I.

Permanent Address: _____
Street Apt. #

_____ *City State Zip Code*

Social Security Number: Phone Number: (Day) _____
(Evening) _____

Date of Birth: _____
Month/ Day /Year

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: _____

Indicate if you are one of the following:

- U.S. Veteran (A veteran is a person who has served in the U.S. Armed Forces)
- Military Service Member (Active Duty, Reserve, National Guard)
- Dependent of a Military Service Member (Dependent is a spouse or child)

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).

Are both your parents deceased? yes no

Are you in foster care? yes no

Are you a ward of the state? yes no

*If yes, complete Section A and skip Section B. Sign the certification on page 4, and return form.
(Attach documentation that you are a ward of state; i.e., court papers, letter from Social Services Agency.)*

If you are not a ward of state and do not live with your parents, see the special instructions on the bottom of this page.

SECTION A: Student Information

Check a or b:

a. Student did or will file a 2016 income tax return.
(Attach a photocopy of student's signed 2016 Federal Tax Return, including all schedules and W-2 forms.)

b. Student will NOT file a 2016 income tax return.

Source of income:

Do not leave any blanks. If answer is "0" put in a \$0.

Earnings from Work: \$ _____

Interest Income: \$ _____

Trust Fund/ Inheritance: \$ _____

Other: \$ _____

Student Assets: Report information as of the day you are completing this form.

Cash Checking Account: \$ _____

Savings: \$ _____

Investments: \$ _____

Other: \$ _____

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.

SECTION B: Parent Information

***For questions on who is considered a parent, view the FAFSA website at: www.fafsa.ed.gov/help/ffdef07.htm**

Check a or b:

- a. Parents did or will file a 2016 income tax return.
Attach a photocopy of the signed 2016 Federal tax return, including all schedules and W-2 forms.
- b. Parents will NOT file a 2016 income tax return.

Income: Tax filers and non-taxfilers must answer the following for the year 2016.
Do not leave blank. If answer is "0", put in a \$0.

**Submit documentation for ALL
income received in 2016**

Father's earnings: \$ _____

Mother's earnings: \$ _____

Social Security: \$ _____ Complete form C, if social security is received

Social Services: \$ _____ Complete form D, if social services benefits are received

Interest income: \$ _____

Dividends: \$ _____

Child Support: \$ _____ Include money received for all children in household.

Trust Funds/Inheritance: \$ _____

Other: \$ _____

Assets: Taxfilers and non-taxfilers must answer asset questions.
Report information as of the day you are completing this form.

Cash, checking accounts: \$ _____

Savings: \$ _____

Investments: \$ _____

Parents monthly: \$ _____ rent paid or mortgage payments

Do parents own a home? yes no
If yes, year of purchase: _____ Purchase price: \$ _____

Do parents own other real estate? yes no
If yes, market value? \$ _____ Debt: \$ _____

Do parents own a business? yes no
If yes, What type of business? _____

Value of the business: \$ _____

Debt on the business: \$ _____

-Please DO NOT leave items blank-

SECTION C: Household Information

PLEASE DO NOT LEAVE ANY QUESTIONS BLANK IN THIS SECTION.

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

- married to biological parent
 married to step-parent
 divorced/separated from biological parent
 divorced/separated from step-parent
 widowed from biological parent
 not married to biological parent and living together
 never married*
- Year remarried _____
Year of divorce _____
Year of separation _____
Year parent widowed _____
- *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: _____

Is there an agreement between natural parents specifying a contribution for the student's education? yes no

2. Give information for ALL FAMILY MEMBERS who reside in your household:

FULL NAME	AGE	RELATIONSHIP	COLLEGE NAME (IF ATTENDING)

Before signing the certification, review your application. Do not leave any blanks. Make sure all required documents are attached. File will NOT be reviewed until all supporting documentation is received.

CERTIFICATION: I swear that all information reported on this form is correct. I understand that any deliberate falsification or omission of information may result in denial of admission, dismissal from the college or legal action.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Please return this form to:
Educational Opportunity Program
SUNY New Paltz
1 Hawk Drive
New Paltz, New York 12561-2443