

SUNY ONEONTA

Educational Opportunity Program Family and Financial Questionnaire

Admissions Office • 116 Alumni Hall • Oneonta, NY 13820 • 800.SUNY.123 • Fax: 607.436.3074

Answer all questions. **DO NOT LEAVE ANY BLANKS.**

If a question is not applicable, answer **N/A**. If a question requests a dollar amount and the answer is zero, write **"0"**. When you return the questionnaire to SUNY Oneonta, be sure to include all required documents. See page 4 for Documentation Checklist.

Personal Information

Student's Name _____ Social Security No: _____ - _____ - _____

Current Address _____ Current Phone Day _____
_____ Evening Phone _____

Date of Birth _____ Date you began living in New York State _____

Name of High School _____ Graduation or GED Date _____

Have you ever attended another college? yes no

If yes, name of College _____ Dates Attended _____

Are you a citizen of the United States? yes no

If no, please enter your Alien Registration Number: _____ **Attach a photocopy of your Permanent Resident Card or Application.**

Are you a Veteran? yes no

Are you a ward of the state? yes (*if yes attach court documentation*) no

Special Circumstances

If there are special circumstances relating to any of the questions asked of you and your family, please write a statement explaining the situation and return it with this form.

Instruction for Students who do not Live with their Parents or Guardians and are not a Legal Ward of the State

If you are not a ward of the state and do not live with your parents or legal guardians you must attach documentation as to why it is necessary for you to live with someone other than your parents or guardians. 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 or guardian 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.*

Answer all questions on this form. Do not leave any blanks.

Family and Household Information

Is your **Mother** **Stepmother** **Guardian** Living?

No (send copy of the Death Certificate) Yes (complete the following)*

Name _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Self Employed? Yes No

*If parent information is unknown, please explain: _____

Is your **Father** **Stepfather** **Guardian** Living?

No (send copy of the Death Certificate) Yes (complete the following)*

Name _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Self Employed? Yes No

*If parent information is unknown, please explain: _____

If both **Parents/Guardians** are living, please indicate marital status (check one and give date):

Married Divorced Separated Never Married

Date _____ Date _____ Date _____

Give information for all members who live in your household, including yourself. This includes children who are college students who live with you when college is not in session. If you are in a group or foster home, or if you are receiving social services because you do not reside with your family you should list *only* yourself.

Name *Age* *Relationship* *Identify School or employer in 2011*

If necessary, list additional family members on a separate sheet of paper and attach to this form.

Do you have any relatives who graduated from college? Yes No (if so, please list them below)

Name *Relationship* *Graduation Year* *College*

Answer all questions on this form. Do not leave any blanks.

Parent(s) or Guardian(s) Financial Data

Source of Income: List total income for 2011* For example, if your family receives \$100 a month in child support, you would write \$1,200 for the whole year. If the answer is zero enter a "0". If not applicable enter N/A.

**If you live with someone other than your parents (grandparent, aunt/uncle, brother/sister, etc.) you must include their income in this area. If you receive support from both parents while living with another person (for example, an aunt) you may need to provide both of the parent's income as well as the income of the family with whom you reside.*

Total earnings from wages \$ _____

Must Check One:

A 2011 Federal Income Tax Return was or will be filed (attach a **signed** photocopy of your parent/guardian 2011 Income Tax Return — IRS Form 1040, 1040A, 1040EZ — with all schedules attached) *Note: if filed electronically, please send copy of electronic signature page.*

A 2011 Federal Income Tax Return will not be filed.

Social Security Income \$ _____

Please complete Benefit Verification on page 5

Social Services \$ _____

Please complete Benefit Verification on page 5.

*Be sure to include the **type** of benefits received as well as the **total** dollar amount received in 2011.*

Child Support \$ _____

Please complete Child Support Verification on page 4.

Do you appear on a 2011 Federal Income Tax Return filed by someone other than the head of the household where you live? Yes No

If yes, that 2011 Federal Income Tax Return with attached schedules must also be submitted.

Family Assets

Does your family own a home? Yes No If yes, year of purchase _____

Purchase Price \$ _____ Remaining Debt \$ _____

Does the Family own other real estate? Yes No If yes, year of purchase _____

Purchase Price \$ _____ Remaining Debt \$ _____

Explain the purpose of owning other real estate: _____

Does someone in your Household own a business or is anyone self-employed? Yes No

If Yes, what type? _____ (If self-employed, you must enclose schedule C.)

Savings Account(s) Balance(s) \$ _____

Investments Yes No If yes, type of investment _____

Amount \$ _____

Interest Income \$ _____

Dividends \$ _____

Trust Funds/Inheritance \$ _____

Other Income \$ _____

Identify sources of all "other" income:

Answer all questions on this form. Do not leave any blanks.

Child Support Verification (if applicable)

Please list all children in the household for whom child support is received.

Attach Official Documentation of Child Support for each child.

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

I/We certify that \$_____ was the total amount received in child support in 2011.

Parent/Guardian Initials _____

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 Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Documentation Checklist

Please make sure you...

Have answered all questions, completed all applicable sections, and signed this document.

Enclose the following:

- Copy of Permanent Resident Card or Application (if applicable).
- Death Certificates (if applicable).
- Official Child Support Documents (if applicable).

• If You or Your Family

Have or Receive:

Income from wages, dividend interest,
rental, business profits

Social Security, Public Assistance,
Veteran's Benefits, SSI

No Income

Pension or Annuity

Please Submit:

Signed copy of 2011 Parent/Guardian Federal Income Tax Form
(1040, 1040A, 1040EZ) with Schedules A and C attached.

A completed and signed/stamped Benefit Verification Form (page 5)

IRS Letter 1722. Use Form 4506-T to request.
<http://www.irs.gov/pub/irs-pdf/f4506t.pdf>

Letter from agency stating 2011 total award

Thank you for your cooperation. If you have any questions,
please call the Admissions Office at 800-SUNY-123.

Answer all questions on this form. Do not leave any blanks.

SUNY ONEONTA

Benefit Verification

Please complete and submit this form with your Family and Financial Questionnaire if applicable.

Recipients of Social Services, Social Security Benefits, and/or Veteran's Benefits
must have this section completed by the agency that handles the benefits.

Student Name: _____

Type of Benefit Received: _____
(REQUIRED: Specify the type of Social Security Benefit)

Parent/Guardian Name: _____

**Names of all Family Members
covered under Benefits**

**TOTAL Benefits
received for 2011**

**Date Benefits were
Terminated, if applicable**

Names of all Family Members covered under Benefits	TOTAL Benefits received for 2011	Date Benefits were Terminated, if applicable

Signature of Authorized Official: _____ Date: _____

Seal/Stamp of Authorizing Agency:

Thank you for your cooperation. If you have any questions,
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