



2018-2019 Graduate Opportunity Program Financial Eligibility Verification

The University at Buffalo's admissions committee has completed the review of your application and determined that you are academically eligible for the Graduate Opportunity Program (GOP). In addition to academic eligibility, you must also meet financial eligibility requirements. The information requested on this form will be used to make that determination.

Student Information

Last Name: _____ First Name: _____ UB Person Number: _____

Have you submitted your 2018-2019 FAFSA to UB (SUNY at Buffalo – school code 2837)? Yes No

Section 1: 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 6 members in your household, attach a separate sheet providing the same information for additional persons in your household.

Name	Age	Relationship	Employed? Y/N	Annual Income before Taxes	File a 2016 Federal tax Return? Y/N	Dependent on the same income that supports you? Y/N
Applicant		Self				

Section 2: Income Exceptions

During the past 10 years, have you or your family received any income from a public assistance program such as welfare, AFDC, Social Security, disability, etc.? Yes* No

*If "Yes", how many years? _____

List Type(s) of aid received: _____

Are you currently receiving public assistance payments from Temporary Assistance to Needy Families (i.e. Family Assistance, Safety Net)? Yes* No

*If "Yes", how many years? _____

List Type(s) of aid received: _____



UB Person Number: _____

Section 3: Household Income and Wages Information

Report **combined income received for the 2016 tax year for all household members**. Write your UB Person number at the top of each document you are submitting.

Household Income Source	Combined Income for all Household Members
Wages, Tips, <u>Submit:</u> A signed copy of your IRS 1040 or, Tax transcript or Non Filer letter if no income	\$ _____
Dividends, interest, rents or other investment income <u>Submit:</u> A signed copy of your IRS 1040 or, Tax transcript or Non Filer letter if no income	\$ _____
Social Services/Public Assistance <u>Submit:</u> A signed letter from the agency stating applicable year's total award and names of recipients	\$ _____
Social Security Benefits <u>Submit:</u> SSA Form 1099 or letter from the agency stating applicable year's total award for each member of the household, including names of individuals receiving the benefit	\$ _____
Supplemental Security Income (SSI) <u>Submit:</u> SSA Form 1099 or letter from the agency stating applicable year's total award for each member of the household, including names of individuals receiving the benefit	\$ _____
Pension/Annuity <u>Submit:</u> Letter from the appropriate agency stating applicable year's total award (if not already reported on a tax return)	\$ _____
Unemployment <u>Submit:</u> Letter from the appropriate agency stating applicable year's total award (if not already reported on a tax return)	\$ _____
Alimony/Maintenance <u>Submit:</u> Signed affidavit, court order or legal document indicating amount of alimony	\$ _____
Veteran's Administration Non-Educational Benefits <u>Submit:</u> SSA Form 1099 or letter from the agency stating applicable year's total award for each member of the household, including names of individuals receiving the benefit	\$ _____

Section 4: Household Assets

Report the current value of the following assets held by your household.

Your cash, checking and savings accounts:	\$ _____
Your investments (non-retirement):	\$ _____
Spouse's cash, checking and savings accounts:	\$ _____
Spouse's investments (non-retirement):	\$ _____
	Purchase Year Purchase Price Current Debt
Business or farm owned by you or your spouse	\$ _____ \$ _____
Home owned by you or your spouse	\$ _____ \$ _____
Other real estate owned by you or your spouse	\$ _____ \$ _____



UB Person Number: _____

Section 5: Certification and Signature

I understand that I must be academically and economically eligible for EOP and that **I must provide the required documentation with this form** to prove my eligibility. I understand that I am required to file the *2018-2019 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.

Student Signature Date

Spouse (if married) Signature Date

Form Submission

Fax completed forms and copies of the required supporting documents to 716-645-6566 or mail them to:

Financial Aid at 1Capen
University at Buffalo
Capen Hall
Buffalo, NY 14260-0001

Please write your UB Person Number on the top of each page submitted.