



The University at Buffalo's admissions committee has completed the review of your application and determined that you are academically eligible for the Educational Opportunity Program (EOP). 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: Parent Information**

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

Answer all the questions in Section 1 – even if you do not live with your legal parents (biological, adoptive, step parent etc.). If your legal parents are married to each other, or are not married to each other and live together, answer the questions about both of them. Please note: Grandparents, foster parents, legal guardians, widowed stepparents, aunts, uncles, and siblings are not considered 'parents' on this form unless they have legally adopted you.

Parent 1 (name): \_\_\_\_\_ Parent 2 (name): \_\_\_\_\_

What is the current marital status of your parents?  Married  Single/Never Married  
 Divorced/Separated  Widowed

Date of Marital Status (mm/yyyy): \_\_\_\_\_

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

Whose financial information is listed on the FAFSA?  Parent  Parent 2  Other: \_\_\_\_\_

What was your parent's/stepparent's occupation/job:

10 years ago: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Current: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

**Section 2: 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
<b>Applicant</b>		<b>Self</b>				



UB Person Number: \_\_\_\_\_

**Section 3: 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: \_\_\_\_\_

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

Are you living with a foster parent(s)?  Yes  No

**Section 4: 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 (excluding student if-dependent)	Combined Income for all Household Members
<b>Wages, Tips,</b> <u>Submit:</u> A signed copy of your parents IRS 1040 or, Tax transcript or Non Filer letter if no income	\$ _____
<b>Dividends, interest, rents or other investment income</b> <u>Submit:</u> A signed copy of your parents IRS 1040 or, Tax transcript or Non Filer letter if no income	\$ _____
<b>Social Services/Public Assistance</b> <u>Submit:</u> A signed letter from the agency stating applicable year's total award and names of recipients	\$ _____
<b>Social Security Benefits</b> <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	\$ _____
<b>Supplemental Security Income (SSI)</b> <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	\$ _____
<b>Pension/Annuity</b> <u>Submit:</u> Letter from the appropriate agency stating applicable year's total award (if not already reported on a tax return)	\$ _____
<b>Unemployment</b> <u>Submit:</u> Letter from the appropriate agency stating applicable year's total award (if not already reported on a tax return)	\$ _____
<b>Alimony/Maintenance</b> <u>Submit:</u> Signed affidavit, court order or legal document indicating amount of alimony	\$ _____
<b>Veteran's Administration Non-Educational Benefits</b> <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	\$ _____



UB Person Number: \_\_\_\_\_

**Section 5: 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 (if Independent):	\$
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 parent	\$	\$	\$
Home owned by you or your spouse or your parents	\$	\$	\$
Other real estate owned by you, your spouse or your parent	\$	\$	\$

**Section 6: 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	_____ Parent /Stepparent 1 Signature	_____ Date
_____ Spouse (if married) Signature	_____ Date	_____ Parent/Stepparent 2 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.