



The State University of New York

# 2025 EOP Financial Information Form

The information you provide here will be used in the review of your eligibility for the Educational Opportunity Program. It is to your advantage to provide as much information as possible. You may type and save your answers on this form. Once it is complete, **print and sign then mail, email or fax a copy of the completed form with required documents to:** SUNY Cobleskill- Student Financial Services 106 Suffolk Circle Cobleskill, NY 12043. **Email:** [FinancialAid@Cobleskill.edu](mailto:FinancialAid@Cobleskill.edu) **Fax:** (518)255-5844

## Section 1. Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ High School CEEB Code: \_\_\_\_\_

\_\_\_\_\_ Entry Term Year: \_\_\_\_\_

\_\_\_\_\_ Have you filed the FAFSA?  Yes  No

Date of Birth: \_\_\_\_\_ Have you applied for TAP?  Yes  No

U.S. Citizen:  Yes  No Permanent resident:  Yes  No

## Section 2. Exceptions to Income Guidelines

Answer all of the questions below to help determine if you qualify for exclusion from the income eligibility guidelines.

Are you or your family primarily dependent on public assistance payments from Temporary Assistance to Needy Families (i.e. Family Assistance, Safety Net, cash grants received from public assistance)?  Yes  No

Are you in foster care as established by the court?  Yes  No

Are you a ward of the court or county?  Yes  No

If you answered "Yes" to either of the last two questions above, **skip to Section 8.**  
All others, **continue to Section 3.**

## Section 3. Dependency Status

Answer all of the questions below to help determine your dependency status.

Were you born before January 1, 2002?  Yes  No

As of today, are you married? (Also answer "yes" if you are separated, but not divorced.)  Yes  No

Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?  Yes  No

Are you a veteran of the U.S. Armed Forces?  Yes  No

Do you now have or will you have children who will receive more than half of their support from you between July 1, 2025 and June 30, 2026?  Yes  No

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2026?  Yes  No

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?  Yes  No

As determined by a court in New York State, are you or were you an emancipated minor?  Yes  No

**Section 3. Dependency Status (continued)**

Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?  Yes  No

At any time on or after July 1, 2024, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?  Yes  No

At any time on or after July 1, 2024, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?  Yes  No

At any time on or after July 1, 2024, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?  Yes  No

If you answered "No" to all of the questions above, your status is "Dependent" for the purposes of this form. Continue to Section 4. If you answered "Yes" to any of the questions above, your status is "Independent" for the purposes of this form. Skip to Section 5.

**Section 4. Parent Information - FOR DEPENDENT STUDENTS ONLY**

What are the names of your legal parents (biological or adoptive)? Legal Parent 1: \_\_\_\_\_

Legal Parent 2: \_\_\_\_\_

What is the relationship of your legal parents to each other?  Married  Divorced/Separated  
 Not married and living together  Widowed  
 Never married

If your legal parents were married to each other at one time, provide the month and year they were married, separated, divorced or widowed.  
\_\_\_\_\_ Month \_\_\_\_\_ Year

If your legal parents are married to each other, or are not married but living together, skip to the last question in this section.

If your legal parents are not married to each other and do not live together, which parent did you live with more during the past 12 months?  
 Legal Parent 1:  Legal Parent 2:  Neither Parent

If you answered "Neither Parent" above, which parent provided more financial support during the past 12 months?  
 Legal Parent 1:  Legal Parent 2:  Neither Parent

Is the legal parent identified in either of the last two questions above currently married or remarried?  
 Yes  No

Provide the month and year that the parent identified above married or remarried.  
\_\_\_\_\_ Month \_\_\_\_\_ Year

Complete for special circumstances only:

If you did not live with your legal parents during the past 12 months due to special circumstances, with whom did you live?  
\_\_\_\_\_ Name \_\_\_\_\_ Relationship to you

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to you

## Section 5. Household Information

List your household members.

Name	Age	Relationship	Employed in 2023?		Wages and tips earned in 2023	Filed a 2023 federal tax return?		Dependent on the same income that supports you?	
			Yes	No		Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	_____	Yes	No	Yes	No

## Section 6. Additional Household Income

Report all additional income received in your household for the tax year \_\_\_\_\_

Dividends, interest, or other income from investments: \_\_\_\_\_

Rents paid to you: \_\_\_\_\_

Social Services/Public Assistance (TANF, etc): \_\_\_\_\_

Social Security benefits: \_\_\_\_\_

Supplemental Security Income (SSI): \_\_\_\_\_

Workers Compensation/Disability: \_\_\_\_\_

Pension/Annuity: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Veterans Noneducation Benefits: \_\_\_\_\_

Alimony/Maintenance: \_\_\_\_\_

Child Support: \_\_\_\_\_

Other income, including money received or paid on your behalf, e.g. bills, not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported above and that is not part of a legal child support agreement (specify):

\_\_\_\_\_

## Section 7. Household Assets

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

Your cash, checking and savings accounts: \_\_\_\_\_

Your investments (non-retirement): \_\_\_\_\_

Your trust fund/settlement: \_\_\_\_\_

Spouse's cash, checking and savings accounts: \_\_\_\_\_

Spouse's investments (non-retirement): \_\_\_\_\_

Spouse's trust fund/settlement: \_\_\_\_\_

Legal Parent 1 or Stepparent's cash, checking and savings accounts: \_\_\_\_\_

Legal Parent 1 or Stepparent's investments (non-retirement): \_\_\_\_\_

Legal Parent 2 or Stepparent's cash, checking and savings accounts: \_\_\_\_\_

Legal Parent 2 or Stepparent's investments (non-retirement): \_\_\_\_\_

	Purchase Year	Purchase Price	Current Value	Current Debt	Monthly Mortgage Payment
Business or farm owned by you, your spouse or your parent(s):	_____	_____	_____	_____	_____
Home owned by you, your spouse or your parent(s):	_____	_____	_____	_____	_____
Other real estate owned by you, your spouse or your parent(s):	_____	_____	_____	_____	_____

## 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

## Next Steps

### Step 1: Completed

This information will be transmitted to each of the SUNY campuses to which you have applied as an EOP applicant, provided the campus accepts this form (see [www.suny.edu/attend/apply-to-suny/eop-fin-info](http://www.suny.edu/attend/apply-to-suny/eop-fin-info)).

### Step 2: Required

Upload your required financial documentation or print the EOP Financial Documentation Cover Sheet and mail with your required financial documentation.



1) Did you receive free and reduced-price meals and free milk between July 1, 2024 through June 30, 2025?  Yes  No

2) Please list the people in your household and indicate, if applicable, what college they will attend in 2025-2026.

Full name <small>List everyone in your house hold: parent, siblings, self, spouse, dependents etc.</small>	Age	Relationship to Student	Are they or will be enrolled at least half-time in a degree granting program?	Name of the college attending <small>(if applicable)</small>
		Self	Yes	SUNY Cobleskill
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	
			<input type="radio"/> Yes or <input type="radio"/> No <input type="radio"/>	

3) Please read and sign:

I recently completed the 2025-2026 EOP Financial Information Form and all the information that I provided on that form 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.

I understand that I must be academically and financially eligible for EOP and that I must complete a 2025-2026 Free Application for Federal Student Aid (FAFSA) as soon as possible.

I also agree to provide any and all financial documentation requested by SUNY Cobleskill Student Financial services staff.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Cobleskill ID# (if known): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Contact SUNY Cobleskill Student Financial Services  
106 Suffolk Circle  
Cobleskill, NY 12043  
518-255-5623  
financialaid@cobleskill.edu