



**Student's First Name:** \_\_\_\_\_ **Student's Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

To qualify for HEOP, students must meet the New York State financial guidelines and submit required financial documentation. Please use the Academic Opportunity Program Office website at [go.sjfc.edu/heop](http://go.sjfc.edu/heop) to determine HEOP eligibility. If you believe you meet HEOP eligibility, please complete all sections below and upload this form to your admissions portal.

**SECTION A: FINANCIAL OVERVIEW**

I \_\_\_\_\_, Mother/Father/Guardian  
*(Print Full Name)* *(Circle One)*

of \_\_\_\_\_, attest that the individuals listed below  
*(Name of Child Applying)*

are my dependents and indeed lived in my household in 2021.  
*(Year Requested)*

<u>First and Last Name of ALL persons living in the household</u>	<u>Relationship to the student</u>	<u>Age</u>	<u>Received SSI or Social Services (Cash) Income</u> <b><i>Check all that apply</i></b>	
_____	_____	_____	<input type="checkbox"/> SSI	<input type="checkbox"/> SS Cash
_____	_____	_____	<input type="checkbox"/> SSI	<input type="checkbox"/> SS Cash
_____	_____	_____	<input type="checkbox"/> SSI	<input type="checkbox"/> SS Cash
_____	_____	_____	<input type="checkbox"/> SSI	<input type="checkbox"/> SS Cash
_____	_____	_____	<input type="checkbox"/> SSI	<input type="checkbox"/> SS Cash
_____	_____	_____	<input type="checkbox"/> SSI	<input type="checkbox"/> SS Cash

**Check One:**

I did/will NOT file an income tax return for 2021. I understand that I will be required to provide  
*(Year Requested)*  
a copy of the IRS form 4506-T (*Request for Transcript of Tax Return*).

All parties listed above have been claimed on my income tax returns for 2021.  
*(Year Requested)*

Only some of the parties listed above have been claimed on my income tax return for 2021.  
*(Year Requested)*  
The reason is because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B. FINANCIAL ELIGIBILITY**

Please list the total amounts for each source of income that the household received in 2021. For 2020, please indicate the total household income. **If the parent(s) did not file a 2021 Federal Tax Return, all parents in the household, must provide AOPO an IRS 4506-T form.**

<u>Source of Income</u>	<u>Amount</u>	<u>Documentation Required</u>
Parent's income, earned dividends, and interest (i.e. working wages)	\$	<ul style="list-style-type: none"> <li>✓ Copies of <b>ALL</b> parent's W-2's for 2021</li> <li>✓ Copy of parent's 2021 Federal Tax Return (if filed)</li> <li>✓ Copy of parent's 2021 New York State Tax Return (if filed)</li> <li>✓ <b>If self-employed, a notarized, typed statement with the total income earned for 2021 is acceptable.</b></li> </ul>
Student's income, earned dividends, and interest (i.e. working wages)	\$	<ul style="list-style-type: none"> <li>✓ Copies of <b>ALL</b> of the student's W-2s for 2021</li> <li>✓ Copy of the student's 2021 Federal Tax Return (if filed)</li> <li>✓ Copy of the student's 2021 New York State Tax Return (if filed)</li> </ul>
Other person in the household (not a parent or student) who earned income, dividends, or interest (i.e. working wages)	\$	<ul style="list-style-type: none"> <li>✓ Copies of <b>ALL</b> W-2s for 2021</li> <li>✓ Copy of person's 2021 Federal Tax Return (if filed)</li> <li>✓ Copy of person's 2021 New York State Tax Return (if filed)</li> </ul>
Unemployment Benefits	\$	<ul style="list-style-type: none"> <li>✓ Copy of IRS form 1099 or letter from NYS unemployment with summary of 2021 benefits</li> </ul>
Pension or Annuity	\$	<ul style="list-style-type: none"> <li>✓ Copy of IRS form 1099 or letter from the applicable agency showing 2021 total amount.</li> </ul>
Social Security, Supplemental Security Income, or Veterans Administration noneducational benefits	\$	<ul style="list-style-type: none"> <li>✓ Copy of applicable IRS 1099 for each member of the household.</li> <li>✓ Letter from SSA showing total 2021 amount received for each member of the household. <i>Use SSA-3288 form to request information.</i></li> </ul>
Social Services Payments	\$	<ul style="list-style-type: none"> <li>✓ Verification from a branch of the Office of Temporary and Disability Assistance or Office of Children and Family Services or their successor offices, showing benefits received for 2021 and names of recipients.</li> </ul>
Total Child Support amount for all members of the household	\$	<ul style="list-style-type: none"> <li>✓ Copy of court order or affidavit</li> </ul>
Alimony	\$	<ul style="list-style-type: none"> <li>✓ Copy of court order or affidavit</li> </ul>
TOTAL INCOME FOR <b><u>2021</u></b> (Add all amounts listed above)	\$	All supporting documents <b>MUST</b> be uploaded to the student's admissions portal. <b><i>*Incomplete applications will not be considered.</i></b>
TOTAL INCOME FOR <b><u>2020</u></b> (Use all "source of income" categories above when calculating)	\$	All supporting documents <b>MUST</b> be uploaded to the student's admissions portal. <b><i>*Incomplete applications will not be considered.</i></b>

***Please submit a copy of your FAFSA (Student Aid Report) and NYS TAP application.***

I, \_\_\_\_\_, Mother/Father/Guardian (*circle one*) of  
*(Parent's Full Name)*  
\_\_\_\_\_, attest that all information provided on this document  
*(Student's Full Name)*

is complete and correct to the best of my knowledge. I acknowledge that any missing documentation will render the student's application as incomplete and no further action will be taken.

_____		_____
Parent/Guardian Signature		Date
_____		_____
Notary Public	Affix Seal	Date

Please upload form to admission portal or return to:

Brittany Zeager • Academic Opportunity Programs Office, L-105 • 3690 East Avenue • Rochester, NY 14618