

**The Sage Colleges**  
**HEOP EZ Pre-Eligibility Worksheet**

Mail to: The Sage College of Albany \* HEOP \* 140 New Scotland Ave.\* Albany, NY 12208  
 Fax Form to: 518-292-1803

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Total number of people living in your household, including yourself: \_\_\_\_\_  
 Please list the name, age, and relationship to you of all members of your household:

Full Name of Person	Age	Relationship to You	Does this person work or attend college? Please indicate.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

\*\* \*Enclose additional sheet for household members in excess of 8 persons\*\*\*

2. Parents' Marital Status:  Married  Divorced  Separated  Never Married  Widowed
3. Mother's/Step-Mother's **Total** Income from Work in 2011 \_\_\_\_\_
4. Father's/Step-Father's **Total** Income from Work in 2011 \_\_\_\_\_
5. Mother's/Step-Mother's **Total** Income from Work in 2010 (if available) \_\_\_\_\_
6. Father's/Step-Father's **Total** Income from Work in 2010 (if available) \_\_\_\_\_
7. Does **anyone** in your household receive child support?  Yes  No  
 If yes, what is the total amount received for ALL children in the household in 2011? \_\_\_\_\_  
 If yes, what is the total amount received for ALL children in the household in 2010? \_\_\_\_\_
8. Did you or your family receive Public Assistance from **Social Services** in **2011**?  Yes  No  
 If so, what type of assistance was it? Circle all: 1. Food Stamps 2. Rent 3. Medical 4. Other: \_\_\_\_\_
9. Did you or your family receive Public Assistance from **Social Services** in **2010**?  Yes  No  
 If so, what type of assistance was it? Circle all: 1. Food Stamps 2. Rent 3. Medical 4. Other: \_\_\_\_\_
10. Did you or any member of your family receive **Social Security** benefits in 2011 or 2010?  Yes  No  
 If yes, how much was the total received by **all** family members combined in 2011? \_\_\_\_\_  
 If yes, how much was the total received by **all** family members combined in 2010? \_\_\_\_\_
11. Are there any special circumstances you wish to share regarding your financial situation?  Yes  No  
 \*\* \* Enclose additional sheet for special circumstances information if needed\*\*\*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this form as soon as possible.**