



**2022-2023 HEOP EZ Pre-Eligibility and  
Financial Aid Verification Worksheet**

**A. Dependent Student's Information**

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

**B. Dependent Student's Family Information**

**I. Parents' Marital Status (circle one):**

Married      Divorced      Separated      Never Married      Both Parents Living Together      Widowed

**II. List below the people in your parent(s)' household. Include:**

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022–2023. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2023.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022, and June 30, 2023. *If more space is needed, attach a separate page with the student's name and Social Security Number or student ID at the top.*

Full Name	Age	Relation hip	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>		

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**C. Parent Income Information and Student & Parent Tax Filing Information**

I. Parent Income Information

Mother/Step-mother's total income from work in 2020: \_\_\_\_\_

Father/Step-father's total income from work in 2020: \_\_\_\_\_

II. Student and Parent Tax Filing Information

<b>Tax Filing Information</b>	<b>Student</b>	<b>Parent</b>
1. Did you file a tax return for 2020?  If yes, you must submit copies of all W2's for 2020 <b>AND</b> a signed federal tax return or IRS Tax Transcript*	Yes: _____  No: _____	Yes: _____  No: _____
2. Did you earn income in 2020 but not required to file a tax return?  If yes, you must submit copies of all W2's for 2020	Yes: _____  No: _____	Yes: _____  No: _____
3. Did you earn \$0 income in 2020?	Yes: _____  No: _____	Yes: _____  No: _____

\*A Tax Return Transcript can be requested at [www.irs.gov/transcript](http://www.irs.gov/transcript). Choose a Tax Return Transcript for 2020

**D. Public Assistance Information and Untaxed Income and Benefits for 2020**

I. Public Assistance Information

Did you or your family receive public assistance from **Social Services** in 2020?    Yes    No

If so, what type of assistance was it? Circle all that apply:

Food stamps    Rent    Medical    WIC    Other

II. Untaxed Income and Benefits for 2020 *(Please put \$0 to confirm benefit was not applicable)*

<b>Untaxed Income &amp; Benefits for 2020</b> Indicate Yearly Totals	<b>Student</b>	<b>Parent</b>
Social Security Benefits	\$	\$
Workman's Compensation	\$	\$
Child Support Received	\$	\$
Unemployment Benefits	\$	\$

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Are there any special circumstances you wish to share regarding your financial situation? Yes No  
\*\*\*Enclose additional sheet for special circumstances information if needed\*\*\*

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### E. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date. Please sign in pen. If you are unable to print this form out and sign in pen, please skip Part I of this section and move on to Part II. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

I. By signing my name below, I certify that all of the above information is true and correct.

_____ Student's Signature	_____ Date
_____ Parent's Signature	_____ Date

II. Please only complete Part II of this section if you are unable to complete Part I in pen.

Student Certification and Signature:

By checking this box, I certify that all of the above information is true and correct, and this serves as my signature. **I understand I will need to provide a physical signature at time of acceptance.** Date: \_\_\_\_\_

Parent Certification and Signature:

By checking this box, I certify that all of the above information is true and correct, and this serves as my signature. **I understand I will need to provide a physical signature at the time of my student's acceptance.** Date: \_\_\_\_\_

*Return completed form to: Russell Sage College, Attn: Financial Aid Office, 65 First Street, Troy, NY 12180.  
For electronic submissions, please scan this document prior to uploading. Photographs will not be accepted.*

**WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, PLEASE CALL: Troy (518) 244-4525 or Albany (518) 292-1783**