

**2026-2027 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 Street Address (include apt. no.)		Student's Date of Birth
City	State	Zip Code
Student's Phone Number (include area code)		Student's Email Address

B. Dependent Student's Family Information

I. Parent Marital Status as of the date completing this form: (circle one)

Married Divorced Separated Never Married Both Parents Living Together Widowed

II. List below the people that currently live with you and your parent that you have included on your FAFSA Include:

- Yourself and your parent(s) (including a stepparent)
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2026, through June 30, 2027, or if the other children would be required to provide parental information if they were completing a FAFSA for 2026–2027.
- 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, 2027.

Include the name of the **college** for any family member, 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, 2026, and June 30, 2027. *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	Relationship	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>		

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

I. Parent Income Information

Mother/Step-mother's total income from work in 2024: _____

Father/Step-father's total income from work in 2024: _____

Student and Parent Tax Filing Information:

Tax Filing Information	Student	Parent
1. Did you file a tax return for 2024? If yes, you must submit copies of all W2's for 2024 AND a signed federal tax return (1040) or IRS Tax Transcript*	Yes: _____ No: _____	Yes: _____ No: _____
2. Did you work in 2024 and earn income BUT did not or are not required to file a federal tax return? If yes, you must submit copies of all W2's for 2024	Yes: _____ No: _____	Yes: _____ No: _____
3. Did you earn \$0 income in 2024?	Yes: _____ No: _____	Yes: _____ No: _____

*A Tax Return Transcript can be requested at www.irs.gov/transcript. Choose a Tax Return Transcript for 2024

D. Public Assistance Information and Untaxed Income and Benefits for 2024

I. Public Assistance Information (TANF)

Did you or your family receive assistance from **Social Services** in 2024? If so, what type of assistance was it? Circle all that apply:

Food stamps Rent Medical WIC Other

II. Untaxed Income and Benefits for 2024 (*Please put \$0 to confirm benefit was not applicable*)

Untaxed Income & Benefits for 2024 Indicate Yearly Totals	Student	Parent
Social Security Benefits	\$	\$
Workman's Compensation	\$	\$
Child Support Received	\$	\$
Unemployment Benefits	\$	\$

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. Feel free to use a traditional scanner or the [Adobe PDF Scanner App](#) (available for iOS and Android). Photographs will not be accepted.

WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, PLEASE EMAIL TO: RSCHEOP@SAGE.EDU