



### C. Income Guidelines

The table below lists the financial eligibility guidelines for EOP admission which have been established by the State University of New York (SUNY) to determine whether or not a student is eligible for EOP. Please use this table as a guide to determine your eligibility for the program. For students first entering college during the 2017- 2018 academic year—total annual income in calendar year 2015 must not exceed:

Household Size (including head of household)	Total Annual Income in Prev. Calendar Year*
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647

\*For families/households with more than 8 persons, add \$7,696 for each additional person

### Exceptions to Income Guidelines

*Above guidelines do not apply if...*

- The student's family is the recipient of Family Assistance or Safety Net payments through the New York State Office of Temporary and Disability Assistance or through a county Department of Social Services; or of Family Day Care payments through the New York State Office of Children and Family Assistance or a county Department of Social Services;
- The student lives with foster parents who do not provide support for college and the student's natural parents provide no such support;
- The student is a ward of the state or county

### D. Income Documents to Submit with Application

**Before mailing your application, include the appropriate financial documentation listed below:**

- **STUDENT** Tax Information:  
If you filed a 2015 Federal Income Tax Return:
  - Submit signed copy of your 2015 Federal Income Tax Return and all W2s **OR**
  - Submit a 2015 TAX RETURN TRANSCRIPT directly from the IRS. Go to <http://www.irs.gov/individuals/Get-Transcript>.
- **PARENT** Tax Information (needed if under age 24 and do not have dependents (children) of your own):  
If you filed a 2015 Federal Income Tax Return:
  - Submit signed copy of your 2015 Federal Income Tax Return and all W2s **OR**
  - Submit a 2015 TAX RETURN TRANSCRIPT directly from the IRS. Go to <http://www.irs.gov/individuals/Get-Transcript>.
  - If you **OR** your parent(s) did **NOT** file and are **NOT REQUIRED** to file a 2015 federal tax return, you must provide an IRS Verification of Non-filing. Go to [www.irs.gov](http://www.irs.gov), call 1-800-

908-9946, or download and complete IRS Form 4506-T and check box 7 to request an IRS Verification of non-filing letter. Once received, submit a copy to the Financial Aid Office.

• **ADDITIONAL Income:**

Did any members of the household listed above received any income during 2015 from the following sources? If yes, please provide the appropriate documentation.

- *Social Security/Supplemental Security Income* -- provide copy of Social Security, Supplemental Security Income Benefits
- *Social Services, TANF, SNAP*-- provide copy of Public Assistance/Department of Social Services Income Benefits (Budget Sheets)
- *Worker's Compensation/Disability Insurance* -- provide copy of Unemployment benefits/Disability benefits statement
- *Child Support* -- Signed affidavit, court order or legal document indicating amount of child support and/or alimony
- *Business, investment real estate, and/or investment farm* – provide copy of Schedules C, E, and/or F, from federal tax return

**Please Note:**

You must have a FAFSA on file with the Financial Aid Office to make your application complete.

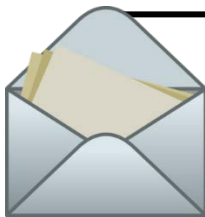
Please understand that we may request additional information after receiving your FAFSA, tax information and other documents, if necessary to finalize your eligibility. All required income documentation must be received before your application is considered complete and a final EOP admission decision is made.

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By signing below, I confirm that I am interested in continuing the EOP Admission Process. If I am admitted as an EOP student, I understand that I must adhere to the requirements of the program and that I am expected to cooperate with the EOP Office as an active participant in the program. I certify that all the information reported is complete and correct.

**Your Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_



**Mail your application and documents to:**  
Educational Opportunity Program  
Finger Lakes Community College  
3325 Marvin Sands Drive  
Canandaigua, NY 14424