

2020-2021 Arthur O. Eve Educational Opportunity Program (HEOP) Financial Eligibility Verification Worksheet

SECTION A: STUDENT'S INFORMATION

Last Name	First Name	M.I.	Hilbert I.D. Number
Address (include apt. no.)			Telephone Number
City	State	Zip Code	Email Address

1. I have filed the FAFSA YES NO
2. I have applied for TAP YES NO
3. Are you or your family primarily dependent on public assistance payments from Temporary Assistance to Needy Families (such as Family Assistance, Safety Net)? YES NO
4. Are you in foster care as established by the court**? YES NO
5. Are you a ward of the court or county**? YES NO

**If you answered YES to question 4 or 5, skip to Section E.

SECTION B: STUDENT INCOME INFORMATION

Please check one of the options below and provide the corresponding documentation:

- I filed a 2018 Federal Income Tax Return. I am providing a SIGNED copy of my 2018 Tax Return or IRS tax transcript.
- I worked but I was not required to file a 2018 Federal Income Tax Return. I am providing copies of all 2018 w2s. If you did not receive a w-2 for 2018, please list the name(s) of your employer and the amount of wages earned.
- Employer(s): _____ Amount(s): _____
- Employer(s): _____ Amount(s): _____
- I did not work and was not required to file a 2018 Federal Income Tax Return. *If you are Independent on the FAFSA form and support yourself, you must include a Verification of Non-filing letter from the IRS. As an Independent, you must also complete Section D: Additional Income Information and submit all supporting documentation.*

SECTION C: PARENT INCOME INFORMATION

Please check one of the options below and provide the corresponding documentation:

My parent(s) filed a 2018 Federal Income Tax Return. A SIGNED copy of their 2018 Federal Tax Return or IRS tax transcript is included with this worksheet.

My parent(s) worked but not required to file a 2018 Federal Income Tax Return. All copies of 2018 w2s are included with this worksheet. If w-2s were not received for 2018, please indicate the name of the employer(s) and the amount of wages earned:

Employer(s): _____ Amount(s): _____

Employer(s): _____ Amount(s): _____

Employer(s): _____ Amount(s): _____

My parent(s) did not work and was not required to file a 2018 Federal Income Tax Return. My parent(s) have included a Verification on Non-filing letter from the IRS. The Additional Income Information (Section D) of this form will be completed and all supporting documentation will be provided with this worksheet.

SECTION D: ADDITIONAL INCOME INFORMATION

If a household member receives any of the benefits below, submit documentation for any applicable item. If the answer is 0 or the Income Source does not apply to you, enter 0.

Income Source	Recipient in Household	Total Amount Received in 2018
SNAP Benefits		
Child Support		
Social Services/Public Assistance		
Social Security		
Supplemental Security Income (SSI)		
Worker's Compensation/Disability Insurance		
Unemployment Benefits		
Pension		
Veteran Non-Education Benefits		
Other-please indicate source(s):		

SECTION E: HOUSEHOLD INFORMATION

List ALL the people in your household, including their names, ages, and relationship to you. Also write the name of the college for any family member, not including your parent(s), who will be attending college at least half-time between July 1, 2020 and June 30, 2021 and will be enrolled in a degree, diploma, or certificate program. Please attach an additional sheet if more space is needed.

Full Name	Age	Relationship	Will be Enrolled in College at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Yes</i>
		<i>Self</i>	<i>Hilbert College applicant</i>

CERTIFICATION AND SIGNATURE

By signing my name below, I (we) certify that all the information reported is true and accurate to the best of my (our) knowledge. I understand that other documents may be required to complete the Financial Eligibility Verification for Admission in the HEOP program at Hilbert College. If I provide false or misleading information, I (we) understand that I may be fined, imprisoned or both.

If you are a dependent student, at least one of your parents must sign this form.

Student Signature: _____

Date: _____

Parent Signature (if dependent): _____

Date: _____

Spouse’s Signature (if applicable): _____

Date: _____