

## 2021-2022 Arthur O. Eve Educational Opportunity Program (HEOP) Financial Eligibility Verification Worksheet

*This form must be completed to be considered for the HEOP program. If you are deemed ineligible, you will be considered for other Opportunity Programs available at Hilbert College. Please contact the Office of Admissions at [admissions@hilbert.edu](mailto:admissions@hilbert.edu) for further information.*

### SECTION A: STUDENT'S INFORMATION

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First Name	Last Name	M.I.
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Address (include apt. no.)	Telephone Number
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City	State	Zip Code	Email Address
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|--|--------------------------|-----|--------------------------|----|
| 1. I have filed the 2021-2022 FAFSA  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. I have applied for TAP  | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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)? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Are you in foster care as established by the court**?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Are you a ward of the court or county**?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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 2019 Federal Income Tax Return. I am providing a SIGNED copy of my 2019 Tax Return or IRS tax transcript.
- I worked but I was not required to file a 2019 Federal Income Tax Return. I am providing copies of all 2019 w2s. If you did not receive a w-2 for 2019, 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 2019 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.*

Student Finance Office  
Franciscan Hall Second Floor  
5200 South Park Avenue, Hamburg, NY 14075  
Phone: (716) 926-8944 Fax: (716) 649-1152 [financialaid@hilbert.edu](mailto:financialaid@hilbert.edu)

**SECTION C: PARENT INCOME INFORMATION**

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

- My parent(s) filed a 2019 Federal Income Tax Return. A SIGNED copy of their 2019 Federal Tax Return or IRS tax transcript is included with this worksheet.
  
- My parent(s) worked but not required to file a 2019 Federal Income Tax Return. All copies of 2019 w2s are included with this worksheet. If w-2s were not received for 2019, 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 2019 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 2019
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, 2021 and June 30, 2022 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: \_\_\_\_\_