



HOBART AND WILLIAM SMITH COLLEGES Office of Financial Aid

HEOP VERIFICATION WORKSHEET

A. Student Information

Name

B. Household Information – List ALL the people in your household, including their names and ages. Also write in the name of the college for any family member, excluding your parent(s), who will be attending college at least half-time between July 1, 2023 and June 30, 2024, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

- If you are a dependent student, include:
o Yourself
o Your parent(s) (including stepparent)
o Your parent(s) other dependent children if (a) your parent(s) will provide more than half of their support from July 1, 2023, through June 30, 2024, or (b) the children would be required to provide parental information when applying for Federal Student Aid
o Other people only if they now live in your parent(s) household and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

- If you are an independent student, include:
o Yourself
o Your spouse (if you are married)
o Your and/or your spouse’s children if you will provide more than half of their support from July 1, 2023 through June 30, 2024.
o Other people only if they live in your household and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Table with 4 columns: Full Name, Age, Relationship, Name of College Attending 2023-2024 (at least half time). Row 1: Self, HWS.

C. Independence Determination Factors

- 1. Are you or your family primarily dependent on public assistance payments from Temporary Assistance to Needy Families (i.e., Family Assistance, Safety Net, cash grants received from public assistance)? Yes \_\_\_ No \_\_\_
2. Are you in foster care as established by the court? Yes \_\_\_ No \_\_\_
3. Are you a ward of the court? Yes \_\_\_ No \_\_\_

**D. Additional Household Income**

Report all additional income received in your household for the tax year 2021. If the answer is 0 or the question does not apply to you, enter 0. Do not leave any questions blank.

Social Security benefits: \$ \_\_\_\_\_  
 Supplemental Security Income (SSI): \$ \_\_\_\_\_  
 Workers Compensation/Disability: \$ \_\_\_\_\_  
 Pension/Annuity: \$ \_\_\_\_\_  
 Unemployment: \$ \_\_\_\_\_  
 Veterans Noneducation Benefits: \$ \_\_\_\_\_  
 Alimony/Maintenance: \$ \_\_\_\_\_  
 Child Support: \$ \_\_\_\_\_  
 Other income, including money received or paid on your behalf \$ \_\_\_\_\_

**E. Student's Information**

**a. Check the box that applies:**

- Student filed/will file a 2021 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
- Student was not employed, did not have income, and was not required to file a 2021 Federal IRS Tax Return.
- Student was employed and had income, but was not required to file a 2021 Federal IRS Tax Return:
  1. **Complete the chart below:** list employer(s) and the amount that was earned in 2021
  2. **Attach copies of all 2021 W-2 and 1099 Forms.**

Name of Employer	Amount Earned in 2021
	\$
	\$
	\$

**F. Parent(s)' Information**

**a. Check the box that applies:**

- Parent(s) filed/will file a 2021 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
- Parent(s) were not employed, did not have income, and were not required to file a 2021 Federal IRS Tax Return.
- Parent(s) were employed and had income, but were not required to file a 2021 Federal IRS Tax Return:
  1. **Complete the chart below:** list employer(s) and the amount that was earned in 2021
  2. **Attach copies of all 2021 W-2 and 1099 Forms.**

Name of Employer	Amount Earned in 2021
	\$
	\$
	\$

**Certification and Signature – Each person signing this form certifies that all the information reported is complete and correct. The student and one [custodial] parent or spouse must sign and date. WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature (if student is dependent) /Spouse Signature (if student is married)

\_\_\_\_\_  
 Date