



HEOP Verification Worksheet 2022-2023

The information you provided will be used to confirm your eligibility for HEOP.

Once questions are answered you will need to print and sign the signature page and mail, email (PDF attachment only) or fax a copy of the completed form with required documents to:

Hobart & William Smith College- Financial Aid 300 Pulteney Street Geneva, NY 14456

Phone: (315)781-3315 Email: finaid@hws.edu Fax: (315)781-4048

Section 1. Personal Information

Name: _____

Entry Term: _____

Address: _____

Date: _____

Date of Birth: _____

U.S. Citizen: Yes No If no, permanent resident: Yes No

Section 2. Exceptions to Income Guidelines

Answer **all** of the questions below to help determine if you qualify for exclusion from the income eligibility guidelines.

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

Are you in foster care as established by the court? Yes No

Are you a ward of the court or county? Yes No

If you answered "Yes" to either of the last two questions above, **skip to Section 8.**

All others, **continue to Section 3.**

Section 3. Child Support

Child Support Paid

Did anyone in the household pay child support in 2020?

Yes No If yes, please provide the following information:

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Support Was Paid	Amount Paid in 2020

Note: The Office of Financial Aid will contact you if additional documentation is required.

Section 4. Household Information

Provide the following information for all household members.

Dependent Students: Include yourself, the parent(s) with whom you live, your stepparent if applicable, their other dependent children (even if they do not live with you) if your parent(s) will provide more than half of their support between July 1, 2022 and June 30, 2023, and other people if they now live with you, your parent(s) provide more than half of their support and your parent(s) will continue to provide more than half of their support between July 1, 2022 and June 30, 2023.

Note to students not living with a parent: Under very limited circumstances (for example, your parents are incarcerated; you have left home due to an abusive family environment; or you do not know where your parents are and are unable to contact them), you may be able to submit your Form without parental information. Contact the HWS Financial Aid Office for further instructions.

Independent Students: Include yourself, your spouse (if married), your children (if any) if you will provide half of their support between July 1, 2022 and June 30, 2023, even if they do not live with you, and other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between July 1, 2022 and June 30, 2023.

If there are more than 6 members in your household, attach a separate sheet providing the same information for each additional person in your household.

Name	Age	Relationship	Employed in 2020?	Wages and tips earned in 2020	Filed a 2020 federal tax return?	Dependent on the same income that supports you?
Applicant		Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5. Additional Household Income

Report all additional income received in your household for the tax year 2020. If the answer is 0 or the question does not apply to you, enter 0.

Social Services/Public Assistance (TANF, etc):	\$ _____
Social Security benefits:	\$ _____
Supplemental Security Income (SSI):	\$ _____
Pension/Annuity:	\$ _____
Alimony/Maintenance:	\$ _____
Child Support Received for all family members:	\$ _____

Section 6. Certification

All information submitted is true to the best of my knowledge. I understand that any knowing falsification or omission of data may result in the denial of admission or dismissal.

Applicant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____