SUNY ONEONTA 2019-20 ACE FINANCIAL INFORMATION FORM

The information you provide will be used in the review of your eligibility for the Access to College Excellence program. It is to your advantage to provide as much information as possible. You may type and save your answers on this form. Once it is complete, print, sign and mail a copy of the completed form **with required documents** to: SUNY Oneonta, Office of Admissions, 108 Ravine Parkway, Oneonta, NY 13820.

Section	1. Personal	l Iní	forma	tion
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Name: Address:	Applicant ID Number: High School CEEB Code: Entry Term:		
Date of Birth:	Date:		
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 determ guidelines.	ine if you qualify for exclusion from	the income	e eligibility
Are you or your family primarily dependent on pul Needy Families (i.e. Family Assistance, Safety Net)		oorary Assist Yes	tance to No
Are you in foster care and neither your foster pare	ents nor your natural parents provid	e support fo Yes	or college? No
Are you a ward of the state or county?		Yes	No
If you answered "Yes" to either of the last two que All others, continue to Section 3.	estions above, skip to Section 8	3.	
Section 3. Dependency Status			
Answer all of the questions below to help determ	nine your dependency status.		
Will you be 24 years of age by December 31, 2018	?	Yes	No
Are you married? (Answer "yes" if you are separat	ed, but not divorced.)	Yes	No
Are you currently serving on active duty in the U.S	. Armed Forces?	Yes	No
Are you a veteran of the U.S. Armed Forces?		Yes	No

Do you have legal de	epender	nts (other than a	spouse) who recei	ve more than ha	lf of their suppo Yes	rt from you? No
At any time since yo dependent or ward		-	ooth your parents d	eceased, were yo	ou in foster care Yes 🔲	or were you a No
Were you or are you	u an ema	ancipated minor	, as determined by	a court?	Yes	No
Were you or are you	u in lega	l guardianship, a	as determined by a	court?	Yes	No
At any time on or af to be self-supporting	-	=		e an unaccompa	nied youth who Yes	is homeless or No 🚺
If you answered "No form. Continue to Se		•	s above, your statu	s is "Depende	nt" for the purp	ooses of this
If you answered "Ye this form. Skip to Se		ny of the question	ons above, your sta	tus is "Indepei	ndent" for the	purposes of
Section 4. Parent I	nforma	tion – FOR DE	PENDENT STUDE	NTS ONLY		
Dependent students What is the current				it students shoul	d leave this sect Single/Nev <u>er I</u>	_
Date of Marital State			Divorced/S	eparated	Widowed	
	us (mm,	/үүүү):	Divorced/S		-	
Date of Marital State	us (mm, financia	/yyyy):	Divorced/S	s? Parent(s)	-	
Date of Marital State Who provided your	us (mm, financia o <mark>ld Info</mark> ng inforn If there	/yyyy): I support during rmation nation for all hol are more than 6	Divorced/S the past 12 month usehold members. A members in your h	A household men	Widowed	who currently
Date of Marital State Who provided your Section 5. Househo Provide the followin lives at your home. I	us (mm, financia o <mark>ld Info</mark> ng inforn If there	/yyyy): I support during rmation nation for all hol are more than 6	Divorced/S the past 12 month usehold members. A members in your h	A household men	Widowed	who currently
Date of Marital State Who provided your Section 5. Househo Provide the followin lives at your home. I the same informatic	us (mm, financia o <mark>ld Info</mark> og inforn If there on for ea	/yyyy): I support during mation for all hor are more than 6 ach additional pe	Divorced/S the past 12 month usehold members. members in your h erson in your house Employment	A household menousehold, attack	Widowed Widowed	who currently et providing Dependent on the same income that supports
Date of Marital State Who provided your Section 5. Househo Provide the followin lives at your home. I the same informatic	us (mm, financia o <mark>ld Info</mark> og inforn If there on for ea	/yyyy): I support during mation for all hor are more than 6 ach additional pe	Divorced/S the past 12 month usehold members. members in your h erson in your house Employment	A household menousehold, attack	Widowed Widowed	who currently et providing Dependent on the same income that supports

Section 6. Additional Household Income

Report all additional income received in your household for the tax year 2017.				
Dividends, interest, rents or other income from investments:	\$			
Social Services/Public Assistance (TANF, etc):	\$			
Social Security benefits:	\$			
Supplemental Security Income (SSI):	\$			
Workers Compensation/Disability:	\$			
Pension/Annuity:	\$			
Unemployment:	\$			
Alimony/Maintenance:	\$			
Child Support:	\$			
Other income (specify):	\$			

Section 7. Household Assets

Report the current value of the following assets held by your household. Independent students are not required to report information regarding assets held by parents.

Second Parent or Stepparent's investments (non-retirement):

\$_____

	Purchase Year	Purchase Price	Current Debt
Business or farm owned		\$	\$
by you, your spouse or			
your parents:			
Home owned by you,		\$	\$
your spouse or your			
parents: Other real estate owned		\$	\$
by you, your spouse or		ې ا	Ŷ
your parents:			
your parents.			
Section 8. Academic Ba	ckground		
Please indicate if you current		following programs:	
riease mulcate il you current		Tonowing programs.	
Educational Opportunity	Center (EOC)	GEAR-UP Talent Se	earch 🗌 Upward Bound
Early College, Middle Coll	ege or Gateway to Coll	ege 🗌 STEP Liberty Pa	urtnership
	-8		······
Indicate the highest level of e	ducation attained by F	irst Parent:	
Less than a high school di	ploma 🗌 High s	chool diploma (or equivalen	t)
Some college, no degree	Associate d	egree 🗌 Bachelor's	degree or higher
Indicate the highest level of e	ducation attained by S	econd Parent:	
Less than a high school di	ploma 🗌 High s	chool diploma (or equivalen	t)
Some college, no degree	Associate's	dograa 🔲 Bacholor's	degree or higher
Section 9. Personal Essa	av		
Applicants to the ACE program		•	, ,
response to the following que	• •		•
Attach your response to this for	Jim. Be sure to include	your name on the attachmo	ent.
1.) What motivated your inter	est to pursue post-seco	ondary education?	
		,	

2.) Explain the circumstances that affected your academic performance in high school.

3.) Based on what you know about the Access to College Excellence Program, how do you think the program will benefit you?

Section 10. Certification

I understand that I must be academically and economically eligible for ACE and that **I must provide required documentation with this form** to prove my eligibility. I understand that I am required to file the 2019-20 Free Application for Federal Student Aid (FAFSA) as soon as possible after October 1, 2018. I understand that additional paperwork may also be required. All information submitted is true to the best of my knowledge. I understand that knowingly falsifying or omitting data may result in the denial of admission or dismissal.

Applicant Signature:	Date:
First Parent or Stepparent's Signature:	Date:
Second Parent or Stepparent's Signature:	Date:

Required Financial Documentation

You must attach the following documents for the tax year <u>**2017**</u> to verify the information reported. Please do not return this form until the required documents are available.

If you reported:	You must attach:	
No income	 IRS Form 4506-T (Request for 	
	Transcript of Tax	
	Return, Verification of Non-Filing)	
Income from wages, tips,	 IRS forms 1040, 1040A, 1040EZ, 	
dividends, interest, rental,	signed copies of	
business profits	1040TEL or official transcript of tax	
	returns; and	
	• Forms W-2, 1099, W9	
Income from disability benefits,	 Letter from the appropriate 	
a pension, annuity, or	institution stating applicable year's	
unemployment benefits	total award (if not already reported	
	on a tax return)	
	Disabilities Statement	
Child support, maintenance or	 Signed affidavit, court order or legal 	
alimony	document	
	indicating amount of child support	
	and/or alimony	
Public Assistance	• A signed letter from the agency	
	stating applicable	
	year's total award and names of	
	recipients	

Social Security, Supplemental	 SSA Form 1099 or letter from the
Security Income or Veteran's	agency
Administration non-educational	stating applicable year's total award
benefits	for each member of the household
	including names of individuals
You are a ward of the court,	Letter or court document from the
foster child or orphan	government, courts,
	private agency responsible for your
	support
You are a U.S. Veteran	• Form DD214
You are a non-U.S. citizen and a permanent resident	 Form I-551 (Alien Registration Card)
You or your family owns a	IRS Form 1040 Schedule C
business	
Unusual circumstances	 Notarized letters, statements, death
	certificates, etc. that corroborate
	claims
Mailing Instructions	

Mailing Instructions

Mail your completed SUNY ACE Financial Information Form **together with required documents** to: SUNY Oneonta, Office of Admissions, 108 Ravine Parkway, Oneonta, NY 13820. Your completed form must include the following:

- o This SUNY ACE Financial Information Form
- Your required financial documentation (see above)
- Your Personal Essay (see Section 9)