

UNIVERSITY OF SOUTH FLORIDA STUDENT SUPPORT SERVICES

Eligibility Assessment Form

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|--|--------------------------|-----------|--|
| Student's Name: | USF ID #: | | |
| The SSS Program is federally funded and is required to utilize your SS# in admitting and verifying program eligibility. | | | |
| Social Security #:/ DOB:/ Telephone Number: | | | |
| U.S. Citizen: Yes No Alien Registration Number: If No, please submit a copy of your Alien Registration card (Green Card) | | | |
| Is the student: (please check if applicable) □Upward Bound □AVID □CROP □Homeless □Disabled □Foster Care □ESL (English as Second Language) □Veteran □Child of Veteran | | | |
| Student Taxable Income Information | | | |
| Did the student file a 2023 federal income tax return: | Yes No | | |
| If "yes," student's 2023 taxable income earned from work: \$ (found on line 15 of the 1040 tax form) | | | |
| Student's Signature: | | | |
| Background Information | | | |
| Race/Ethnicity: | | | |
| Was USF your university of first choice? Yes No | | | |
| Family Information: Does either of the student's parents have a four-year college degree? | | | |
| Father | Yes | No | |
| Mother | Yes | No | |
| The remaining information on this form should be completed by the parent(s) or legal guardian(s) of the student. If the parents are divorced or separated, the form should be completed by the parent the student lived with most during 2023. If the parent the student lived with during 2023 has married or remarried, you must also include the step-parent's information. | | | |
| Parents' Household Information | | | |
| Current Marital Status: | | | |
| Unmarried (single, divorced, widowed)MarriedSeparated | | | |
| | f people in your househo | ld during | |
| 4. Of the number of people in #3 above, write in the number who were in college at least half time during the 2023-2024 school year: | | | |

| Parent's 2023 taxable and nontaxable income. If an item does not apply, write in zero: | | | |
|---|--------|--------|--|
| Did the parent(s) file a 2023 federal income tax return: | | | |
| 2023 Taxable Income (not AGI): \$(found on line 15 of the 1040 tax form) | | | |
| | Father | Mother | |
| Income earned from work (wages or business) | \$ | \$ | |
| Please specify other taxable income: | | | |
| Nontaxable Income | | | |
| | Father | Mother | |
| Social Security / Disability Benefits | \$ | \$ | |
| Aid to families with dependent children (AFDC) | \$ | \$ | |
| Tax deductible payments to IRA/Keogh | \$ | \$ | |
| Other untaxed income and benefits | \$ | \$ | |
| Please specify source(s) of other nontaxable income: | | | |
| Parent Certification | | | |
| All of the information on this form is true to the best of my/our knowledge. | | | |
| Father (print) | | | |
| Father (signature) Date | | | |
| Mother (print) | | | |
| lother (signature) Date | | | |
| Parent email (only one needed - use all capital letters) | | | |
| Acting Parent or Guardian Certification All of the information on this form is true to the best of my/our knowledge. | | | |
| Acting Parent or Guardian (print) | | | |
| (Acting Parent's Signature) | Date | | |
| Acting Parent or Guardian (print) | | | |
| (Acting Parent's Signature) | Date | | |

Ensure the student's name and USF ID# is on each page and send this form and a copy of your parent's **completed** & **signed** 2023 Tax Form 1040 **or** Tax Transcript, and/or Social Security/Disability statement to SSS via email at <u>ugs-asksss@usf.edu</u>

Note: Do not postpone sending these documents, as it will cause a delay in receiving an SSS admissions decision and USF admissions decision.