



Arthur O. Eve Higher Education Opportunity
Program (HEOP)
Phone 518-783-2352 Fax 518-786-5005
www.siena.edu/HEOP

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Upload your Financial
Eligibility form and
financial documents here!



HEOP Financial Eligibility Assessment Form

Please complete and return within 10 days or your application cannot be processed further.

Applicant Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone# (_____) _____ Applicant Cell Phone# (_____) _____

Applicant Email Address _____

1. Total number of people living in your household, including yourself: ____

In legal guardianship (i.e., in the care of someone **other than your parent** as defined by Federal Student Aid policy at <https://studentaid.gov/help/legal-guardianship>)? Y/N ____

List the name, age, and relationship to you of all people living in your household below (even if in legal guardianship)

Full Name of Person	Age	Relationship to You	Does this person listed below work or attend school or college? Please list parent(s)/guardian occupation.
1.			
2.			
3.			
4.			
5.			

Use back of form for additional family members

2. **Parent(s) Status:** Married _____ Divorced _____ Separated _____ Never Married _____ Widowed _____ Deceased _____
If parents are divorced or separated list month/year this occurred _____

3. **Parent 1/Mother's/Step-Parent's Total Work Income** for 2025: \$ _____ **Expected Work Income** for 2026 \$ _____

4. **Parent 2/Father's/Step-Parent's Total Work Income** for 2025: \$ _____ **Expected Work Income** for 2026 \$ _____

5. **Public Assistance/Social Services** received in 2025: Yes _____ No _____ **Anticipated for 2026:** Yes _____ No _____
If yes, what **type** of assistance was received? (TANF, Family Assistance, etc. do not include food stamps or subsidized housing) _____ **Amount received in 2025:** \$ _____ **Amount anticipated for 2026:** \$ _____

6. **Social Security** received for anyone in household in 2025: Yes _____ No _____ **Anticipated for 2026:** Yes _____ No _____
If yes, **total amount** received for 2025: \$ _____ **Anticipated for 2026:** \$ _____
List the **type** of Social Security benefits received (i.e. SSI, SSD, SSA or other) _____

7. **Child support** received for any children in household in 2025: Yes _____ No _____ **Total Amount received:** \$ _____

8. **Child support** received for any children in household in 2026: Yes _____ No _____ **Total Amount received:** \$ _____

9. **Any other income** not noted above for 2025? Yes _____ No _____ **Anticipated for 2026?** Yes _____ No _____
If yes, **total amount** received in 2025: \$ _____ **Anticipated in 2026:** \$ _____
What **type/other income** was received (i.e. rental income, business income, pension, lottery winnings, etc.) _____

10. Explain any special circumstances (i.e. guardianship status, loss of parent, etc.) you wish to share regarding your family financial situation **on the back**, or attach another sheet if necessary.

Please sign below **and** have a parent/guardian sign as well to confirm that the information above is complete and accurate.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

This form must be completed and returned within 10 days to continue the processing of your application. Mail to HEOP/Siena University, 515 Loudon Rd., Loudonville, NY 12211-1462 or scan to HEOPadmissions@siena.edu or fax to (518)786-5005