

**UNIVERSITY OF SOUTH FLORIDA**

**STUDENT SUPPORT SERVICES**

**Eligibility Assessment Form**

<b>Student's Name:</b> _____			<b>USF ID #:</b> _____		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No    Alien Registration Number: _____					
Is the student: (please check if applicable) <input type="checkbox"/> Upward Bound <input type="checkbox"/> AVID <input type="checkbox"/> CROP <input type="checkbox"/> Homeless <input type="checkbox"/> Disabled <input type="checkbox"/> Foster Care <input type="checkbox"/> ESL(English as Second Language) <input type="checkbox"/> Veteran					
<b>Student Taxable Income Information</b>					
Did <b>the student</b> file a 2017 federal income tax return:    Yes <input type="checkbox"/> No <input type="checkbox"/>					
If "yes," student's 2017 <b>taxable</b> income earned from work: \$ _____ (found on line 43 of the 1040 tax form, found on line 27 of the 1040A tax form)					
Student's Signature: _____					
<b>Background Information</b>					
Ethnicity: <input type="checkbox"/> White Hispanic <input type="checkbox"/> Black Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian Non-Hispanic <input type="checkbox"/> Other					
If Other, please describe: Was USF your university of first choice?    Yes <input type="checkbox"/> No <input type="checkbox"/>					
Family Information: Does either of the student's parents have a four-year college degree?					
Father		Yes		No	
Mother		Yes		No	
<b>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 2017. If the parent the student lived with during 2017 has married or remarried, you must also include the step-parent's information.</b>					
<b>Parents' Household Information</b>					
1. Current Marital Status: ____ Unmarried (single, divorced, widowed)    ____ Married    ____ Separated					
2. State of legal residence:			3. Total number of people in your household during 2018-2019 (July 1, 2018 - June 30, 2019): _____		
4. Of the number in 3, write in the number who were in college at least half time during 2018-2019 (July 1, 2018 - June 30, 2019): _____					

Parent's 2017 taxable and nontaxable income. If an item does not apply, write in zero:		
Did <b>the parent(s)</b> file a 2017 federal income tax return: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2017 <b>Taxable Income</b> (not AGI): \$ _____ (found on line 43 of the 1040 tax form, found on line 27 of the 1040A tax form)		
It is <b>REQUIRED</b> to fax copies of your parents completed & signed 2017 1040 or tax transcript and/or Social Security/Disability statement to SSS at (813) 974-8208. Do not postpone sending these documents, as it will cause a delay in receiving an SSS admissions decision and USF admissions decision.		
	Father	Mother
Income earned from work (wages or business income)	\$ _____	\$ _____
Please specify other taxable income:		
Nontaxable Income		
	Father	Mother
Social Security / Disability Benefits	\$ _____	\$ _____
Aid to families with dependent children (AFDC or ADC)	\$ _____	\$ _____
Tax deductible payments to IRA/Keogh	\$ _____	\$ _____
<i>Other</i> 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)		
Mother (signature)		Date
<b>Parent email</b> (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)		
(signature)		Date
Acting Parent or Guardian (print)		
(signature)		Date

Please email this form and 2017 1040 or tax transcript and/or Social Security/Disability statement to [ugs-asksss@usf.edu](mailto:ugs-asksss@usf.edu) or fax to (813) 974-8208 or mail to:

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