



HEOP EZ Pre-Screen Eligibility Worksheet

Applicant Name: _____

Address: _____

Phone: _____ Primary Email: _____

Please answer all questions below. Incomplete worksheets will not be considered.

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

Please list the name, age, and relationship to you of all members of your household, including yourself:

| Full Name of Person (Including Yourself) | Age | Relationship to You | Employed (Yes/No) | Attending College (Yes/No) |
|---|-----|------------------------|----------------------|----------------------------------|
| 1. | | Self | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

****Enclose Additional Sheet of household members in excess of 6 people****

2. Parent's Marital Status (Check One):

Married Divorced Separated Never Married Widowed Legal Guardian(s)

3. Parent 1 **Total Income** from Work in 2017: \$ _____

4. Parent 2 **Total Income** from Work in 2017: \$ _____

Incomes from work for each year must match income reported on corresponding W-2 form(s)

5. Does anyone in your household receive child support? Yes* No *Documentation Required

If YES, what was the total amount received for ALL children in the household in 2017? \$ _____

6. Did you or your family receive Public Assistance from Social Services in 2017?

Yes (check all that apply) No

Food Stamps Rent/Public Housing Medical Other

7. Did you or any member of your family receive Social Security benefits in 2017?

Yes* No * Documentation Required

Total amount received in 2017:\$ _____

8. Are there any special circumstances you wish to share regarding your financial situation?

Yes* No * If yes, please attach additional sheet with details regarding the special circumstances.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____