ITHACA COLLEGE
Office of Access, Opportunity, and Achievement

Student Name	
DOB	

HEOP Income Form

This form is required to verify your sources of income. Please complete as accurately as possible. When completed, please sign and upload to the student's IC Connect portal. ***The information collected in this form will be kept in a confidential student file.***

This form should be completed by the FAFSA Contributor/s (parent/s of the student).
Please enter N/A for any section that does not apply to you/your family.

SECTION ONE

This section helps us understand your overall household finances beyond taxes. Please complete thoroughly.

Income earned from **working** in 2025 *(Enter total for the year. include amounts from W2s, 1099, and cash income.)*	Parent 1 **Name:**		Parent 2 **Name:**
Please indicate here expenses that are covered by others (not the student's parents). You can estimate average amounts for food, personal, and medical expenses.	**Expense**	**Amount** (monthly)	**Who pays for it?** If you receive public benefits (PA, SNAP) for this item please indicate that.
	Rent or mortgage		
	Utilities (heat, electric, internet)		
	Phone		
	Food		
	Personal (clothes, toiletries, etc)		
	Medical expenses		

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This form should be completed by the FAFSA Contributor/s (parent/s) of the student.
Please enter N/A for any section that does not apply to you/your family.

SECTION TWO

Income outside of the United States

Please complete this section if requested in emailed instructions.

Did you or your spouse earn income in 2025 outside of the United States? **Yes / No**

In which country was the income earned? _____

Total amount earned _____ Currency (ex USD, pesos, etc): _____

Did you or your spouse file a foreign tax return for 2025? **Yes / No**

IF YES: *Please submit the 2025 foreign tax return from the above-named country. Instructions:*

1. *Sign tax return (if not already signed)*
2. *Scan or take a picture of each page, then upload to the student's IC Connect Portal.*

By signing below, I verify that the above information is correct to the best of my knowledge.

SIGN HERE

Parent 1: _____ | _____ *Date:*_____
Signature *Printed Name*

Parent 2: _____ | _____ *Date:*_____
Signature *Printed Name*

To submit this form once complete, including signatures, please scan or take a picture of each page, then upload to IC Connect Portal.