



UNIVERSITY OF SOUTH FLORIDA
STUDENT SUPPORT SERVICES

Eligibility Assessment Form

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: _____

Student Taxable Income Information

Did the student file a 2022 federal income tax return: Yes No

If _____ 2022 taxable income earned from work: \$ _____
(found on line 15 of the 1040 tax form)

Student's signature: _____

Background Information

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