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: _____

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)

Studen   o   ture:

Background Information

☐   ☐   ☐