

SOCIAL SECURITY (SS) BENEFITS VERIFICATION

On your 2010-11 Educational Opportunity Program Financial Data Form, you indicated that you or your family members received SS benefits in 2009. In order to accurately assess your financial eligibility for the EOP Program, please have this form completed by your **case worker at the Social Security Administration** and return within **TWO WEEKS**.

Student's Name _____ Student's Date of Birth _____

B-Number _____

Address _____

Name of Payee/Case Head: _____

Total amount of SS benefits received in 2009: \$ _____

Family members covered under this case include:

Name	Relationship to Payee
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Signature of Case Worker _____ Official Stamp/Seal of Agency _____

Title _____

Date _____

PLEASE MAIL TO:

Educational Opportunity Program
PO Box 6000
Binghamton, NY 13902-6000

FAX TO:

607-777-2232