BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

VERIFICATION OF SOCIAL SECURITY INCOME/BENEFITS

You indicated that you and/or your family members received SS benefits in 2015. In order to accurately assess your financial eligibility for the EOP Program, please complete one of the following within TWO WEEKS OF REQUESTED DATE:

1) Have this form completed by your case worker at the Social Security Administration

2) Go to https://secure.ssa.gov/apps6z/BEVE/main.html and request a Proof of Income letter for 2015. Once received from SSA, send us a copy with your Reference Number written on top.

3) Send a copy of the 1099 Summary Statement for all family members who receive Social Security benefits under the same case in 2015.

Be sure to write your Reference Number on top before sending us all pages.

Student's name_____ Student's date of birth_____

Reference number_____

Address_____

Name of payee/case head: _____

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: 607-777-4445