

SOCIAL SERVICES BENEFITS VERIFICATION FORM

You indicated that you or your family members received Social Services benefits in 2015. 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 returned within TWO WEEKS OF REQUESTED DATE.

Section 1: Student's Information

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

Reference Number _____

Address: _____

Section 2: Release of Information

This release statement must be signed by you and your parent(s). If you are an independent student, this release statement must be signed by you.

"I give the Social Services Administration the authority to disclose to Binghamton University the amount of Social Service benefits paid to myself and family members during 2015 as listed in Section 3".

Student's Name _____ Date _____

Mother/Stepmother's Name _____ Date _____

Father/Stepfather's Name _____ Date _____

Section 3: To be completed by the Verifying Agency

Name of Payee: _____ Case Number _____

Type of benefit(s) received in 2015: _____

1. The total amount of 2015 cash benefits allocated to the payee named above. \$ _____

2. Period of coverage during 2015: From ____ / ____ To ____ / ____ (MO/YEAR)

3. The total number of family members covered under this case: _____

4. Family members covered under this case include:

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

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

Title _____

Telephone Number _____

PLEASE MAIL TO:

Educational Opportunity Program
PO Box 6000
Binghamton, NY 13902-6000
Fax to: 607-777-4445