EDUCATIONAL OPPORTUNITY PROGRAM (EOP)  
NON-TAXABLE INCOME VERIFICATION FORM

This form is only for applicants whose family receives partial or total agency funding (such as Public Assistance/Social Service, Social Security, SSI, etc.)

The applicant listed below is applying for admission to the Educational Opportunity Program at SUNY Plattsburgh. EOP guidelines require verification of his/her total family income. Completion of this form is necessary to determine the applicant’s financial eligibility.

TO BE COMPLETED BY THE APPLICANT

Applicant’s Name______________________________________________________________

Name of Payee_______________________________________________________________

Relationship to Applicant_______________________________________________________

Case Number____________________________________________________________________

TO BE COMPLETED BY THE VERIFYING AGENCY

An Official Agency Seal or Stamp* is required to complete this form.

TOTAL BENEFITS paid to the payee during the 2008 year = $___________________________

Period of coverage: From_________________/__________________ To_________________/__________________

Family members covered:

Name                                                  Relationship to Payee

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

________________________________                     _____________________________

Agency Name* (Please Print)                        Type of Benefits

Agency Official (Please Print)          Title

Signature                                  Telephone Number

*PLEASE AFFIX AGENCY STAMP OR SEAL BELOW TO VERIFY ALL INFORMATION.

Return completed forms to the applicant to be forwarded to the Admissions Office at SUNY Plattsburgh.