STATE UNIVERSITY OF NEW YORK
PLATTSBURGH
EDUCATIONAL OPPORTUNITY PROGRAM (EOP)
NON-TAXABLE INCOME VERIFICATION FORM

THIS FORM IS ONLY FOR APPLICANTS WHOSE FAMILIES RECEIVE FUNDING (SUCH AS PUBLIC ASSISTANCE/SOCIAL SERVICE, SOCIAL SECURITY, SSI, ETC.). THE AGENCY WHO COORDINATES YOUR BENEFITS MAY SUBMIT A SIGNED AND STAMPED LETTER IN SUBSTITUTION OF THIS FORM. THE LETTER MUST INCLUDE THE INFORMATION REQUESTED BELOW.

The applicant listed below is applying for admission to the Educational Opportunity Program (EOP) at SUNY Plattsburgh. To determine the applicant’s economic eligibility, we must obtain proof of non-taxable benefits. Please help the applicant to complete their application to EOP by providing the required information on the lines below OR by providing a signed/stamped statement of annual benefits on agency letterhead.

TO BE COMPLETED BY THE APPLICANT TO SUNY PLATTSBURGH

Applicant’s Name________________________________________________________

Name of the Recipient of the Benefit Being Reported Here (if different from applicant) ________________________________________________________________

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 benefit/income recipient = $____________________

Period of coverage: From________________/__________________________ To________________/__________________________

month year month year

Family members covered:

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<th>Name</th>
<th>Relationship to Benefit/Income Recipient (if different from applicant)</th>
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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 Financial Aid Office at SUNY Plattsburgh.