



**Section III**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Section IV**

The student named in Section I is applying to an Educational Opportunity Program. Before a decision can be made the college must verify family income for the previous year. Please review the information reported in Section II and make any corrections necessary. Then sign below and affix agency seal or stamp and return. This form can be faxed to (845) 257-3568. Thank you.

I certify that the information provided on this form is an accurate account of the Social Security benefits received by the student's family in 2008.

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Signature and Title of Authorized  
Social Security Official

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Address of District Office

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Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

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Agency Stamp