



Student Financial Services

Telephone: 607-746-4570

Website: [www.delhi.edu/sfs](http://www.delhi.edu/sfs)

Appointments: [www.delhi.edu/sfsconnect](http://www.delhi.edu/sfsconnect)

Upload to your SUNY Delhi Applicant Portal

SUNY Delhi Student ID							
8	0	0					

## 2024-2025 Verification of Public Assistance Benefits

### SECTION 1 – STUDENT INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### SECTION 2 – CONSENT TO RELEASE INFORMATION

This section is to be completed by the person who was the public assistance case holder in 2022 (this person could either be the student or a member of the student’s household). By signing below, I authorize the listed public assistance agency to provide the information requested on this form to the State University of New York at Delhi:

\_\_\_\_\_  
*Name of person who received benefits*

\_\_\_\_\_  
*Case Number*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Phone number of benefit recipient*

\_\_\_\_\_  
*Benefit recipient signature*

\_\_\_\_\_  
*Date*

### SECTION 3 – TO BE COMPLETED BY VERIFYING AGENCY

Family members covered under this case in 2022 include:

Full Name	Relationship to Payee
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Benefit Received	Total Amount Received 01/01/22 – 12/31/22
Temporary Assistance to Needy Families (TNAF)	\$
SNAP Benefits	\$
Restricted Shelter Payments	\$
Cash Assistance	\$

- The person listed above, in Section 2, received no assistance from this agency during 2022
- There is no record of the case name and/or case number.

Name of Agency: \_\_\_\_\_

Name of Authorized Official: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_

*Official Agency Stamp*

**Upload this document to your EOP Checklist located in your SUNY Delhi Application Portal.**