## SUNY Delhi.

**Student Financial Services** 

Telephone: 607-746-4570 Secure Upload: <a href="https://www.delhi.edu/finaid-upload">www.delhi.edu/finaid-upload</a>

## 2021-2022 Verification of Public Assistance Benefits

## **SECTION 1 – STUDENT INFORMATION**

Family members covered under this case in 2019 include:    Full Name   Relationship to Payee				
This section is to be completed by the person who was the public assistance case holder in 2019 (this person could either be the student or a member of the student's household). Electronic signature are NOT acceptable. 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			<del></del>	<del></del>
student or a member of the student's household). Electronic signature are NOT acceptable. 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	SECTION 2 – CONSENT TO	RELEASE INFORMATIO	ON	
Relationship to student  Benefit recipient signature  SECTION 3 – TO BE COMPLETED BY VERIFYING AGENCY Family members covered under this case in 2019 include:  Full Name  Relationship to Payee    Total Amount Received   01/01/19 – 12/31/19     Temporary Assistance to   Needy Families (TNAF)     SNAP Benefits   \$     SNAP Benefits   \$     Restricted Shelter Payments   \$     Cash Assistance   \$     The person listed above, in Section 2, received no assistance from this agency during 2019.    There is no record of the case name and/or case number.     Name of Authorized Official:	student or a member of the student's ho	ousehold). E <b>lectronic signature arc</b>	e NOT acceptable. By signing belo	ow, I authorize the
Date	Name of person who received benefits		Case Number	
SECTION 3 – TO BE COMPLETED BY VERIFYING AGENCY Family members covered under this case in 2019 include:    Full Name	Relationship to student		Phone number of benefit recipient	
SECTION 3 – TO BE COMPLETED BY VERIFYING AGENCY Family members covered under this case in 2019 include:    Full Name	Benefit recipient signature			
Family members covered under this case in 2019 include:    Full Name   Relationship to Payee		LETED BY VERIFYING A	GENCY	
Full Name Relationship to Payee    Comparison of Authorized Official:			.021	
Temporary Assistance to Needy Families (TNAF)   SNAP Benefits   SNAP Benefit	Full Name	Relationship to Payee	Benefit Received	Total Amount Received
2.   Needy Families (TNAF)   S   3.   SNAP Benefits   \$   5.   Restricted Shelter Payments   \$   6.   Cash Assistance   \$   The person listed above, in Section 2, received no assistance from this agency during 2019.   There is no record of the case name and/or case number.   Official Agency Stamp   Name of Agency:   Name of Authorized Official:   Telephone:   Signature of Authorized Official:			Temporary Assistance to	
3. SNAP Benefits \$ 4. Restricted Shelter Payments \$ 6. Cash Assistance \$  The person listed above, in Section 2, received no assistance from this agency during 2019.  There is no record of the case name and/or case number.  Name of Agency:  Name of Authorized Official:  Telephone:  Signature of Authorized Official:				\$
4. 5. 6. 7. 8. Cash Assistance \$  The person listed above, in Section 2, received no assistance from this agency during 2019.  There is no record of the case name and/or case number.  Official Agency Stamp  Name of Agency:  Name of Authorized Official:  Telephone:  Signature of Authorized Official:			CNIAD Domofita	ø
6.  7.  8.  Cash Assistance \$  The person listed above, in Section 2, received no assistance from this agency during 2019.  There is no record of the case name and/or case number.			SNAF Delicitis	•
Cash Assistance   \$	5.		Restricted Shelter Payments	\$
8. Cash Assistance \$  The person listed above, in Section 2, received no assistance from this agency during 2019.  There is no record of the case name and/or case number.  Official Agency Stamp  Name of Agency:  Telephone:  Signature of Authorized Official:  Signature of Authorized Official:	6.			
☐ The person listed above, in Section 2, received no assistance from this agency during 2019.  ☐ There is no record of the case name and/or case number.  Official Agency Stamp  Name of Agency:  Name of Authorized Official:  Telephone:  Signature of Authorized Official:	7.		Cash Assistance	\$
☐ There is no record of the case name and/or case number.  Official Agency Stamp  Name of Agency:  Name of Authorized Official:  Telephone:  Signature of Authorized Official:  ———————————————————————————————————	8.			
Name of Agency:	☐ The person listed above, in Section 2	2, received no assistance from this	agency during 2019.	
Name of Agency:	☐ There is no record of the case name	and/or case number.		
Name of Authorized Official:  Telephone:  Signature of Authorized Official:	I There is no record of the case hame	und/of cuse number.	Official Agen	ncy Stamp
Telephone: Signature of Authorized Official:	Name of Agency:			
Signature of Authorized Official:	Name of Authorized Official:	· · · · · · · · · · · · · · · · · · ·		
	Telephone:			
Date:	Signature of Authorized Official:			
	Date:			