

2021-2022 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 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

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 2019 include:

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

Benefit Received	Total Amount Received 01/01/19 – 12/31/19
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 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: _____

Date: _____

Official Agency Stamp