



**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)

Secure Upload: [www.delhi.edu/finaid-upload](http://www.delhi.edu/finaid-upload)

SUNY Delhi Student ID									
8	0	0							

**2022-2023**

## 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 2020 (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 2020 include:

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

Benefit Received	Total Amount Received 01/01/20 – 12/31/20
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 2020  
☐ 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