



VERIFICATION OF PUBLIC ASSISTANCE
(Do not use this form for Social Security Benefits or Food Stamps)

Student's Name: _____ **Last Four Digits of SSN:** xxx-xx-_____

This form must be completed with the total amount of benefits received for 2011 by the local Department of Social Services Center that handles your family's case.

Name of Payee _____ Case No: _____

1. 2011 Family Budget Composition (please list names)
- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

2. When was case first active?..... From _____ To _____

3. Total amount of benefits received from January 2011 through December 2011
(include direct payments) (Do Not include Food Stamps) \$ _____

4. Current semi-monthly budget..... \$ _____
(DO NOT SUBMIT THE CURRENT 2011 BUDGET PRINTOUT)

Signature of Authorized Official Date

Print or type Name and Official Title

() _____
Agency Telephone Number Official Seal/Stamp

If the agency has no official seal or stamp, please attach your official document to this form. If you have questions, please call us at (518) 442-3202. Return to Office of Financial Aid, University at Albany, CC G-25, Albany, New York 12222.