



**UNIVERSITY AT ALBANY**  
State University of New York

Office of Financial Aid  
Campus Center B52  
518/442-5757  
Albany NY 12222

**VERIFICATION OF PUBLIC ASSISTANCE**  
(Do not use for Social Security Benefits)

**Student's Name:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

**This form must be completed by the local Department of Social Services Center that handles your family's case.**

Name of Payee \_\_\_\_\_ Case No: \_\_\_\_\_

1. 2008 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 2008 through  
December 2008 (include direct payments) \$ \_\_\_\_\_
  
4. Current semi-monthly budget..... \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official \_\_\_\_\_ Date

\_\_\_\_\_  
Print or type Name and Official Title

(\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_ Official Seal/Stamp  
Agency Telephone Number

**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) 442-5477. Return to Office of Financial Aid, University at Albany, CCB52, Albany, New York 12222.**