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

Student’s Name: _______________________________ SUNY Albany ID ______________________

This form must be completed with the total amount of benefits received for 2017 by the local Department of Social Services Center that handles your family’s case.

Name of Payee: _______________________________ Case No: _______________________________

1. 2017 Family Budget Composition (please list names of all family members under family budget)
   1. ____________________________________
   2. ____________________________________
   3. ____________________________________
   4. ____________________________________
   5. ____________________________________
   6. ____________________________________
   7. ____________________________________
   8. ____________________________________

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

3. Total amount of benefits received from January 2017 through December 2017 (include direct payments) (Do Not include Food Stamps) $ __________________________

4. Current semi-monthly budget (DO NOT SUBMIT THE CURRENT 2018 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.