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 2019 by the local Department of Social Services Center that handles your family’s case. Do not include SNAP benefits.

Name of Payee ________________________________ Case No: ________________________

1. 2019 Family Budget Composition (please list names of all family members under family budget)
   1. ________________________________ 5. ________________________________
   2. ________________________________ 6. ________________________________
   3. ________________________________ 7. ________________________________
   4. ________________________________ 8. ________________________________

2. When was case first active? From ___________ To ________________

3. Total amount of benefits received from January 2019 through December 2019 (include direct payments) (Do Not include SNAP Benefits) $ __________________________

4. Current semi-monthly budget ………………………… $ __________________________
   (DO NOT SUBMIT THE CURRENT 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.