PUBLIC ASSISTANCE BENEFITS VERIFICATION FORM – 2022

The applicant listed below is applying for admission to the **Educational Development Program (EDP) at The State University of New York at Fredonia**. EDP guidelines require verification of his/her total family income. In order to accurately assess your financial eligibility for the *2022-2023* school year, please have this form completed by your **case worker at Social Services** and return it to the Admissions Office, Maytum Hall, State University of New York at Fredonia, Fredonia, NY 14063. **Budget sheets and food stamps notices are not acceptable forms of documentation.**

Section 1: Student's Information:

Student's Name _____ Student's Date of Birth _____

Address:_____

                    Street   City   State   Zip   Phone

Section 2: Release of Information: This release statement must be signed by you and your parent(s). If you are an independent student, this release statement must be signed by you. **"I give the Social Services Administration the authority to disclose to Fredonia the amount of Social Service benefits paid to myself and family members during *2020** as listed in Section III." **EDP uses a prior-prior year to verify a student's financial eligibility.***

_____ _____ _____

Student's Name Student's Social Security Number

_____ _____

Mother/Stepmother's Name Mother/Stepmother's Social Security Number

_____ _____ _____

Father/Stepfather's Name Father/Stepfather's Social Security Number

Section 3: To be Completed by the Verifying Agency:

Name of Payee/Case Head_____

Type of benefit(s) received in **2020**_____

1. The **total amount of 2020 benefits** allocated to the payee named above$_____

2. Period of coverage during **2020: From _____ / _____ To _____ / _____**

Month Year Month Year

3. The total number of family members covered under this case: _____

4. Family members covered under this case include: (names / relationship to payee)

Names Relationship to Payee

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Signature of Authorized Case Worker

_____

Printed Name / Title of Case Worker

_____

Telephone Number

Please have this form completed by your **case worker at Social Services** and return it to the Admissions EDP Counselor, Admissions Office, Maytum Hall, State University of New York at Fredonia, Fredonia, NY 14063.

To submit this form electronically, save the completed form and email it to admissions@fredonia.edu with the subject line: "Last name first Initial EDP Public Assistance Form" (Example: SmithD EDP Public Assistance Form)