PUBLIC ASSISTANCE BENEFITS VERIFICATION FORM – *2010-2011*

The applicant listed below is applying for admission to the **Educational Development Program (EDP) at SUNY Fredonia**. EDP guidelines require verification of his/her total family income. In order to accurately assess your financial eligibility for the ***2010-2011*** school year, please have this form completed by your **case worker at Social Services** and return it to the Admissions Office, Fenner House, SUNY 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 SUNY Fredonia the amount of Social Service benefits paid to myself and family members during *2009* as listed in Section III".

_____ _____

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 *2009*:_____

1. The **total amount of *2009* benefits** allocated to the payee named above. $_____
2. Period of coverage during ***2009*: 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**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Official Agency Stamp

_____

Signature of Authorized Case Worker

_____

Printed Name / Title of Case Worker

_____

Telephone Number