

**PUBLIC ASSISTANCE BENEFITS VERIFICATION FORM – 2023**

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 **2023-2024** 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 2021\* 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 **2021** \_\_\_\_\_

1. The **total amount of 2021** benefits allocated to the payee named above \$ \_\_\_\_\_

2. Period of coverage during **2021**: 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](mailto:admissions@fredonia.edu) with the subject line: "Last name first Initial EDP Public Assistance Form" (Example: SmithD EDP Public Assistance Form)