

OFFICE OF FINANCIAL AID
(845) 257-3250
FAX (845) 257-3568

FORM D
2009-2010

SOCIAL SERVICES VERIFICATION FORM

CASE NUMBER _____

TO: Social Services Department

The following student: _____

Student ID/Social Security Number: _____

Case name: _____

(Address)

(Case name SSN)

...is applying for the EOP Program at SUNY New Paltz and has indicated that his/her family received Social Services assistance during 2008.

We would appreciate your help in establishing financial need according to the applicant's income and assets by providing the following information for that year:

1. TYPE OF ASSISTANCE: _____

2. AMOUNT OF ASSISTANCE: \$ _____ OR \$ _____
(monthly) (yearly)

3. HOW MANY MEMBERS ARE THERE IN THE HOUSEHOLD? _____

4. PLEASE INDICATE ANY OTHER SOURCES OF INCOME THIS HOUSEHOLD MAY BE RECEIVING:

Thank you for your cooperation. If you have any questions, please call the Financial Aid Office at (845) 257-3250.

(Date)

(Signature of Caseworker)

PLEASE RETURN TO:
SUNY New Paltz
Financial Aid Office
200 Hawk Drive
New Paltz, NY 12561

(Agency Stamp)