PUBLIC ASSISTANCE INFORMATION FORM

Re: Financial Status of _____________________________

(Student's Name)

TO BE COMPLETED BY HUMAN RESOURCES ADMINISTRATION PERSONNEL

Date: ________________________________

From: Income Maintenance Center # ________________________________

Address: ________________________________

_____________________________ has requested the following information:

(Name of Payee/Casehead)

1. Household Composition:

   ___________________________   ___________________________

   ___________________________   ___________________________

   ___________________________   ___________________________

2. Total amount of Public Assistance received by this household for this calendar:

   Year: 2015

   From: 01/01/2015 To: 12/31/2015

   Total Annual Amount Received: __________________

3. This case is currently (check one):  _____Active  _____Closed

   ________________________________   ________________________________

   Signature, Eligibility Specialist   Date

Return completed form to: Financial Aid, Barnard College