

BARNARD

BARNARD COLLEGE · COLUMBIA UNIVERSITY

FINANCIAL AID

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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: 2008

From: 01/01/2008 To: 12/31/2008

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