Federal regulations, relative to student financial aid, mandate verification of the receipt of Food Stamp Benefits. The information provided below will be used only to determine financial aid eligibility and will be held confidential by CSU Bakersfield pursuant to The Family Educational Rights and Privacy Act (FERPA).

The student, and/or person in the student’s household, who received Food Stamp Benefits, must provide ONE of the following two methods of benefit certification:

1. A copy of the Passport of Services with agency stamp and this signed form (sign and date in the Certification and Signature area), or
2. Complete the benefit certification below, with appropriate agency stamp, and return the completed form.

**BENEFIT CERTIFICATION**

I, the person receiving benefits, authorize the agency to provide the following information requested by CSUB.

Name of Person who received benefits ____________________________________________

Case Number_________________________________ Relationship to Student____________________

Benefit Recipient Signature (if other than student) ___________________________ Date ____________

Student Signature __________________________________________________________ Date ____________

The following is to be completed by a representative of the Agency.

☐ The person(s) listed above received no assistance from this agency during 2013 or 2014.

☐ There is no record of the case name and/or case number

☐ The person(s) listed above received/receive assistance from this agency as detailed below:

<table>
<thead>
<tr>
<th>Year Benefits Were Received</th>
<th>Type of Benefits Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>TANF</td>
</tr>
</tbody>
</table>

Date Benefits Began (Month/Year): ____________________________

Total Amount 01/01/14– 12/31/14: $ ____________ Current Monthly Amount: $ ____________

Agency Representative (type or print) ____________________ Telephone Number/ Email Address ____________________

Title / Official Position ____________________

Signature ____________________

Agency Stamp Required

**Certification & Signature**

Each person signing below certifies that all of the reported information is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature ____________________ Date ____________

Spouse Signature ____________________ Date ____________