17SNAP Receipt of SNAP Benefits Verification Form



Student Name:	Student ID#: A
Address:	
Preferred Contact Phone #:	Date of Birth:/
Instructions:	
Your 2016-2017 FAFSA was selected for verification and your application listed SNAP benefits received in 2014 or 2015. Please complete and submit this form to the Financial Aid Office.	
Section I: SNAP Benefits	
The student (<i>if Independent</i>) or the parent (<i>if Dependent</i>) certifies that	
 The student's household includes: The student. The student's spouse, if the student is married. The student's or spouse's children if the student or spouse will provid 2016, through June 30, 2017, even if the children do not live with the support and will continue to provide more than half of their support through the student and will continue to provide more than half of their support through the student and the student and the student and the student or spous support and will continue to provide more than half of their support through the student and the student and the student and the student or spous support and will continue to provide more than half of their support through the student and the stude	student. use provides more than half of the other people's
 The parent's household includes: The student. The parents (including a stepparent) even if the student doesn't live with the parents. The parents' other children if the parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parents. Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017 	
Section II: Certification	
I hereby certify that all the information contained in this document is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that I may be fined, sentenced to jail or both if I am found to have knowingly or intentionally given false, fraudulent or misleading information.	
Student's Signature:	Date:
Parent's Signature:	Date: