



18SNAP
Receipt of SNAP Benefits Verification Form
Financial Aid Office

Student Name: _____

Student ID#: A _____

Address: _____

Instructions:

Your 2017-2018 FAFSA was selected for verification and your application listed SNAP benefits received in 2015. Please complete and submit this form to the Financial Aid Office.

Section I: SNAP Benefits

The **student** (*if Independent*) or the **parent** (*if Dependent*) certifies that _____, a member of the student's/parent's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during **2015**. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243). Please note that the Financial Aid Office may require you to submit additional documentation from the agency that issued the SNAP benefits in **2015**.

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 provide more than half of their support from **July 1, 2017**, through **June 30, 2018**, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through **June 30, 2018**.

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, 2017**, through **June 30, 2018**, or if the other children would be required to provide parental information if they were completing a FAFSA for **2017-2018**. 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, 2018**.

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: _____