



## 2016-2017 Verification of Receipt of SNAP Benefits for Dependent Students

_____ Student's Last Name	_____ First Name	_____ M.I.	_____ Student's Social Security Number
_____ Student's Street Address (include apt. no.)			_____ Student's Date of Birth
_____ City State Zip Code			_____ Student's Email Address
_____ Student's Home Phone Number (include area code)			_____ Student's Alternate or Cell Phone Number

The parents certify that \_\_\_\_\_, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 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).

The parents' 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 the children's 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.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

### Certifications and Signatures

Each person signing below certifies that all of the information reported and any documents attached to this form are complete and correct. You are signing that you understand this **verification must be completed no later than 14 days prior to the end of the first semester of enrollment and that no financial assistance will be disbursed until verification is complete.** The student and one parent whose information was reported on the FAFSA must sign and date.

_____ Student's Signature	_____ Date
_____ Parent's Signature	_____ Date

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