



ROCKY
MOUNTAIN
COLLEGE

2016 -2017 Verification of Receipt of SNAP Benefits for Independent 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

I certify that _____, a member of my household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) 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 your household includes:

- You.
- Your spouse, if you are married.
- Your or your spouse's children if you or your spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with you and you or your spouse 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.

Student's Signature Date

Spouse's Signature (optional) Date

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

Submit this worksheet to the Rocky Mountain College Financial Aid Office, 1511 Poly Drive, Billings, MT 59102