



Student Financial
& Registration Services

2015 -2016 Receipt of SNAP Benefits Verification – Dependent Student

Date: _____

Print Student Name: _____

Print Parent Name: _____

Parents: Please initial ONE of the appropriate lines below to certify the applicable statement.

____ A member of the parents' household **did** receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formally known as the Food Stamp Program, sometime during 2013 or 2014.

____ A member in the parents' household **did not** receive benefits from the Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014.

The SNAP program 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: 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 2013 or 2014.

Certifications and Signatures

Each person signing below certifies that the information reported is complete
and accurate.

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

Student's Signature: _____

Parent 1 Signature: _____