



## 2015 -2016 Receipt of SNAP Benefits Verification – Independent Student

Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

Print Spouse Name (if applicable): \_\_\_\_\_

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

\_\_\_\_ A member of the student's 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 student's 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.**

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

### Certifications and Signatures

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

Student's Signature: \_\_\_\_\_

Spouse Signature (optional): \_\_\_\_\_