



2016–2017 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 2014 or 2015.

____ A member in the student's household **did not** receive benefits from the Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015.

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 2014 or 2015.

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): _____