



Receipt of SNAP Benefits - Dependent

2017-2018

*Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact **STUDENT FINANCIAL SERVICES** as soon as possible so that your financial aid will not be delayed.*

Student Name _____ ID# _____

Your parents certified 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 2015 or 2016.

The parents' household includes:

- The student.
- The parents (including a stepparent) even if the student does not live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. 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 their support and will continue to provide more than half of their support through June 30, 2018.

The following person/persons received SNAP benefits in 2015 or 2016. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2015 and/or 2016.

Name _____ Relationship _____
 Name _____ Relationship _____
 Name _____ Relationship _____

**If more space is needed for names and relationships, please write on back of this form.*

Certification and Signatures:

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.. The Student and one parent must sign and date.

 Student Signature

 Date

 Parent Signature

 Date