Verification of SNAP Benefits  
(formerly Food Stamps)  
2013-2014

STUDENT NAME: ___________________________ ID: ___________________________

You were selected to verify the receipt of SNAP benefits for you and/or your parents (if dependent) in which a member of your household or your parent’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2011 or 2012. SNAP may be known by another name in some states. For assistance in determining the name used in your state, please call 1-800-4FED-AID (1-800-433-3243).

The student’s household or parent’s (if dependent) household includes:

- Independent Students: Yourself, Spouse (if married) and any Child(ren)
- Dependent Students: Yourself, Parents (including step-parent). Even if you do not reside with the parents.
- The Student’s or Parent’s other children must be included if the student or parent will provide more than half of their support from July 1, 2013 through June 30, 2014, or if the other children would be required to provide parental information if they were completing a FAFSA for 2013-2014. Include children who meet either of these standards, even if the children do not reside with the student or parents.
- Other people if they now reside with the student or parents and the student or parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2014.

Please check one of the following:

☐ YES, someone in the household (as described above), received SNAP benefits.
☐ NO, no one in the household (as described above), received SNAP benefits.

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 2011 or 2012.

CERTIFICATION

I certify that all information is complete and correct. In accordance with federal regulations, I understand that if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both.

_______________________________        _________________
Student Signature (REQUIRED)        Date

_______________________________        _________________
Parent Signature (Required for Dependent Student)        Date