SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) VERIFICATION 2014–2015

Student’s Name ___________________________________________ Student ID __________________________

INDEPENDENT STUDENTS

Complete this section if someone in the student’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) some time during the 2012 or 2013 calendar years. SNAP 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). You may be able to view your EBT account online, visit: www.fns.usda.gov/snap/ebt/online-states.htm

☐ One of the persons included in my household number on the 2014–15 FAFSA application received SNAP benefits in 2012 or 2013. I am attaching documentation of the receipt of SNAP benefits during 2012 and/or 2013.

Name of person receiving SNAP benefits ____________________________________________

☐ NO member of my household number on the 2014–15 FAFSA application received SNAP benefits in 2012 or 2013.

DEPENDENT STUDENTS

Complete this section if someone in the parent’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during 2012 or 2013. SNAP 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). You may be able to view your EBT account online, visit: www.fns.usda.gov/snap/ebt/online-states.htm

☐ One of the persons included in the parent’s household number on the 2014–15 FAFSA application received SNAP benefits in 2012 or 2013. I am attaching documentation of the receipt of SNAP benefits during 2012 and/or 2013.

Name of person receiving SNAP benefits ____________________________________________

☐ NO member of the parent’s household reported on the 2014–15 FAFSA application received SNAP benefits in 2012 or 2013.

CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct.

Print Student’s Name ___________________________________________ Student’s ID Number __________________________

Student’s Handwritten Signature *(Required)* ______________________ Date ______________________

Print Parent’s Name ___________________________________________

Parent’s Handwritten Signature *(Required for dependent students)* ______________________ Date ______________________

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