



2017-2018 Verification of SNAP Benefits Worksheet

Student Name (Please Print)

Bear Number

On the Free Application for Federal Student Aid (FAFSA), you indicated that a member of your household received benefits from the Supplemental Nutrition Assistance Program (otherwise known as SNAP or Food Stamps) sometime during 2015 and/or 2016. The household includes 1) the student (and spouse if married), 2) the student's children if you provide more than half of the child's support, 3) your parent if their information was used on the FAFSA, and 4) your parent's other children if they provide more than half of the child's support. The Financial Aid Office must obtain certification of the receipt of these benefits to complete the verification process. Please complete the following worksheet and return it to the Financial Aid Office.

Did you or a member of your household receive SNAP Benefits in 2015 and/or 2016?

- ☐ **No.** Please sign and submit this form to the Office of Financial Aid. We will update your FAFSA to correct this information.
- ☐ **Yes.** Please complete the information below, sign this form and return to the Office Financial Aid.

Please complete the following information for the person in your household receiving SNAP Benefits. If you are the one receiving benefits, please indicate "self" in *Relationship to Student*.

| | | | |
|--|------|-------|-----|
| | | | |
| First and Last Name of Person Receiving Benefits | | | Age |
| Relationship to the Student (indicate self if you are the one receiving the benefit) | | | |
| | | | |
| Address | City | State | Zip |

You may be asked to provide proof of the receipt of these benefits. **WARNING:** Per federal regulations, if you purposely give false or misleading information on this worksheet you may be fined up to \$20,000, sentenced to jail, or both.

Student Signature

Date

Parent Signature if parent is receiving SNAP

Date