2015-2016 Dependent Verification of Receipt of SNAP Benefits

Student Last Name	First Name	M.I.	Student SSN#

Parent Last Name	First Name	M.I.

☐I certify that _____, a member of my parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014. 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)*

☐I certify that no member of my parents' household received benefits from the SNAP program at any time during 2013 or 2014.

Members of a parents' household include:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. 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 parent provides more than half of their support and will continue to provide more than half of their support thorough June 30, 2016.

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 2013 or 2014.

CERTIFICATION AND SIGNATURE
The person signing below certifies that all of the information reported is complete and correct.

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

_____ _____
Student Signature (Required) Date

_____ _____
Parent Signature (Required) Date