

2016-2017 Dependent Verification of Receipt of SNAP Benefits

Student Last Name	First Name	M.I.	Student SSN#
Parent Last Name	First Name		
□I certify that	14 or 2015. SNAP sed in a state, plea	stance Program or SNAF may be known by anoth se call 1-800-4FED-AID	er name in some states. For 0 (1-800-433-3243)
during 2014 or 2015. Members of a parents' household inc	lude:		
through June 30, 2017, or if the	the parents will proper other children were 2016-2017. Including parents. with the parents as	ovide more than half of to vould be required to provide children who meet eithed the parent provides m	heir support from July 1, 2016, ide parental information if they ther of these standards even if ore than half of their support
NOTE: If we have reason to believe inaccurate, we may require documen	•		•
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	