



2016-2017 Independent Verification of Receipt of SNAP Benefits

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

Spouse Last Name First Name M.I.

I certify that _____, a member of my household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. 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 household received benefits from the SNAP program at any time during 2014 or 2015.

Members of a student’s household include:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or the spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

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 2014 or 2015.*

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

Spouse Signature (Optional)

Date