2016-17 Receipt of SNAP Benefits

Last name                         First Name M.I. Social Security Number

The student certifies that a member of the student’s/parent’s 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.

Please check only one of the boxes below:

☐ Yes, at least one of the persons in the student’s/parent’s household received SNAP benefits in 2014 or 2015.

☐ No, no one in the student’s/parent’s household received SNAP benefits in 2014 or 2015.

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

________________________________________
Student’s Signature Date

DEPENDENT STUDENTS ONLY: Both parents (if applicable) must sign and date.

________________________________________   ______________________________________
Mother/Step-mother’s Signature Date   Father/Step-father’s Signature Date

INDEPENDENT STUDENTS ONLY: Spouse (if applicable) must sign and date.

________________________________________
Spouse’s Signature Date

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.