

2016-2017 SNAP Benefits Documentation

Student Last Name

Student First Name

Student SSN

I certify that a member of my household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (also known as the Food Stamp Program and EBT) 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
- The student's parents (including a stepparent) that currently live in the student's household
- The parent's other children if the parents will provide more than half of the child support's from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if a child does not live with the parents.
- Other people if they now live with the student and the student, spouse, or parents 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

Each 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 (Required MM/DD/YYYY)

Parent Signature (Required for Dependent Students)

Date (Required MM/DD/YYYY)