

## SNAP Benefits Confirmation 2016-2017

Student ID: W00 \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Student/Parent certifies that \_\_\_\_\_, a member of the student's/parent's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as 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 the Department of Education.

Yearly amount of SNAP benefits received:

2014: \$ \_\_\_\_\_ 2015: \$ \_\_\_\_\_

**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.

By signing this form, I certify that all of the information reported to qualify for Federal student aid is complete and correct.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent signature (dependent students only)** \_\_\_\_\_ **Date** \_\_\_\_\_