Receipt of SNAP Benefits

DEPENDENT STUDENT: The parents certify that ______________________________, a member of the parents’ household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may by 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).

Dependent Student: The parents’ household includes:

- The student.
- The parents (including a stepparent) even if the student doesn’t live with the parents.
- The parents’ other children if the parents will provide more than half of the children’s support 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 the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person’s support and will continue to provide more than half of that person’s support through June 30, 2017.

INDEPENDENT STUDENT: The student certifies that____________________________, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may by 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).

Independent Student: The student’s household includes:

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

Each person signing below certifies that all of the information reported is complete and accurate.

For dependent students: The parent and student whose information was reported on the FAFSA must sign and date this form.

Student Name: ____________________________________________________  W#________________________________

Student Signature:_________________________________________________         Date:________________________________

Parent/Spouse Signature:_____________________________________________         Date:________________________________