Receipt of SNAP Benefits

DEPENDENT STUDENT: The parents certify that a member of the parents’ household, received benefits from the Supple-mental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 and/or 2014. 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, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. 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 people’s support and will continue to provide more than half of their support through June 30, 2016.

INDEPENDENT STUDENT: The student certifies that a member of the student’s household, received benefits from the Supple-mental Nutrition Assistance Program or SNAP (formerly know as the Food Stamp Program) sometime during 2013 and/or 2014. 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, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provide more than half of the other people’s support and will continue to provide more than half of their support through June 30, 2016.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require docu-mentation from the agency that issued the SNAP benefits in 2013 or 2014.

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: ______________________________