Receipt of SNAP Benefits

Student: ___________________________________ Campus Wide I.D.#: ________________________________

The student (if independent) or parents (if the student is dependent) certify that a member of the 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 (1-800-433-3243).

_____ Yes, a member of our household received SNAP benefits in 2014 or 2015.

_____ No, at no time during the 2014 or 2015 year did any family members receive SNAP benefits.

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 below, I certify that all the information reported on this worksheet is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student __________________________________________

Parent (if dependent) ________________________________

Date__________