



2016-2017 SNAP Benefits (Food Stamp) Received Form for Student/Spouse

Last Name	First Name	Middle Name	Student VIP ID
Student's Email Address	Student's Telephone Number		Date of Birth

We have received your 2016-2017 Free Application for Federal Student Aid (FAFSA). On your FAFSA, you indicated that at least one person in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, during 2014 or 2015. We are required to verify this information. **Please answer the question below and provide appropriate signatures.**

Did at least one person in your household receive benefits from the SNAP (Food Stamp) program during 2014 or 2015?

- No
- Yes

Name of Person Who Received SNAP in 2014 or 2015	List Student or the Relationship to the Student

By signing this document, I certify that all the information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student's Signature	Date
Spouse's Signature (optional)	Date