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) during 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).

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 child’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 a child does 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.

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 2015.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Print Student’s Name ___________________________ Student’s ID Number ___________________________

Student’s Signature ___________________________ Date ___________________________

Parent’s Signature ___________________________ Date ___________________________