A. Student’s Information

____________________  __________________   ________________________________
Student’s Last Name      Student’s First Name     Student #

____________________  __________________
Student’s Email Address  Student’s Phone Number (include area code)

B. Verification of Food Stamps

✓ Check the box below if someone in your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2011 or 2012 calendar years.

☐ Someone in my household received SNAP benefits in 2011 or 2012. (For Independent Students)

The student’s household includes the following:

• 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 their support from July 1, 2013 through June 30, 2014, even if the children do not live with the student.
• Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2014.

✓ Check the box below if someone in your parent’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2011 or 2012 calendar years.

☐ Someone in my parent’s household received SNAP benefits in 2011 or 2012. (For Dependent Students)

The parent’s household includes the following:

• The student
• The parents (including a stepparent) even if the student doesn’t live with the parents.
• The parent’s other children if the parents will provide more than half of their support from July 1, 2013 through June 30, 2014, or if the other children would be required to provide parental information if they were completing a FAFSA for 2013-2014. 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 their support and will continue to provide more than half of their support through June 30, 2014.

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 2011 or 2012.

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 (1-800-433-3242).

C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported is complete and correct. The student and one parent must sign and date.

_________________________________________  ________________________________
Student’s Signature                     Date

_________________________________________  ________________________________
Parent’s Signature (Required for dependent students)  Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.