



2016-2017  
Receipt of SNAP Benefits – Independent Student

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

The purpose of this form is to determine if a member of your household received benefits from the Supplemental Nutrition Assistance Program (SNAP) during 2014 **or** 2015:

**YES**, one or more of the persons listed on the FAFSA as part of my household received SNAP benefits during 2014 **or** 2015.

**NO**, there were no members of my household who received SNAP benefits any time during 2014 **or** 2015.

**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.

**Certification: ALL STUDENTS MUST COMPLETE THE CERTIFICATION BELOW**

By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sentenced to jail or both.

\_\_\_\_\_  
Student's Signature (required)

\_\_\_\_\_  
Date