2014-2015

Supplemental Nutrition Assistance Program (SNAP)

Form

Name __________________________ Student ID Number __________________________

Address __________________________________________ Apt _________ City_______________________

State __________ Zip __________ Home Phone ___________ Cell Phone_____________________

The person signing below certifies that all of the information reported is complete and correct. Warning: If you purposely give false or misleading information on this form you may be fined, be sentenced to jail, or both.

Independent Students

☐ I or my spouse or a member of my household, received SNAP- Food Stamp benefits during the 2012 and/or 2013 calendar years.

☐ I or my spouse or a member of my household, did not receive SNAP- Food Stamp benefits during the 2012 and/or 2013 calendar years.

Student Signature ___________________________ Date __________________________

Dependent Students

☐ My parent(s) or a member of their household received SNAP-Food Stamp benefits during the 2012 and/or 2013 calendar years.

☐ My parent(s) or a member of their household did not receive SNAP-Food Stamp benefits during the 2012 and/or 2013 calendar years.

Parent Signature ___________________________ Date __________________________

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 2012 or 2013.

CODE: SNAP

6/13/2014