2013-3014

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 2011 and/or 2012 calendar years.

☐ I or my spouse or a member of my household, did not receive SNAP- Food Stamp benefits during the 2011 and/or 2012 calendar years.

Student Signature ___________________________ Date _______________________

Dependent Students

☐ My parent(s) or a member of their household received SNAP-Food Stamp benefits during the 2011 and/or 2012 calendar years.

☐ My parent(s) or a member of their household did not receive SNAP-Food Stamp benefits during the 2011 and/or 2012 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 2011 or 2012.

CODE: SNAP

8/5/2013