Student
Legal Name: ___________________________ MUID #: _______________
Last First M.I.

Parent(s)
Legal Name: ___________________________
Last First

The 2016 - 2017 FAFSA was selected for verification of Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program). 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).

To verify that the correct information was reported on the FAFSA, please answer the question below.

____________________________________________________________________________________________

Did you or any member of your household** receive benefits from SNAP sometime during 2014 and/or 2015? (Please check one) Yes [ ] No [ ]

** The parent’s 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 children’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 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 the other people’s support and will continue to provide more than half of their 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 2014 and/or 2015.

Required Signatures:
By signing this form I certify that all the information reported is true and complete to the best of my knowledge.

__________________________________________     ____________________________
Parent’s Signature                        Date