Student SNAP Received Form
(F7FSNS)

Student
Legal Name: _______________________________ MUID #: __________________

Last First M.I.

Your 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 student’s household includes:

- The student.
- The student’s spouse, if the student is married.
- The student’s and/or spouse’s children if the student/spouse will provide more than half of the children’s support from July 1, 2016 through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student and/or spouse 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.

If married, the spouse’s signature is optional.

______________________________________________________________________________

Student’s Signature ___________________________ Date ___________ Spouse’s Signature ___________________________ Date ___________