Receipt of SNAP Benefits

(Independent Student)

The parents certify that _____________________________, a member of the parent’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP sometime during 2014 or 2015. 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).

The parent’s household includes:

- The student.
- The parents (including a stepparent) even if the student doesn’t live with parents.
- The parents’ other children if the parents will provide more than half of their 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 their support and will continue to provide more than half of their support through June 30, 2017.

Please report SNAP benefits received by any household member in the space below.

<table>
<thead>
<tr>
<th>Name of Recipient of SNAP Benefits</th>
<th>Relationship to Student</th>
<th>Year Benefits Received</th>
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Total Benefits Received $  

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 or 2015.

STOP: Did you fully complete this form? We will return any incomplete/unsigned forms for correction.

Student Signature ____________________________ Date ___________

Parent Signature ____________________________ Date ___________

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