

SAINT LOUIS UNIVERSITY™

STUDENT FINANCIAL SERVICES

One Grand Blvd.

DuBourg Hall, Room 121

Saint Louis, MO 63103

Phone: 314-977-2350

Fax: 314-977-3437

Email: SFS@SLU.edu

2017-2018 Receipt of SNAP Benefits (Independent Student)

Student's Name _____ SLU Banner ID Number _____

The student certifies that _____, a member of the student's household received benefits from the Supplemental Nutrition Assistance Program, or SNAP, sometime during 2015 or 2016. 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 student's household includes:

- Yourself and your spouse (if married), and
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2017 through June 30, 2018, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse will provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2018.

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

Name of Recipient of SNAP Benefits	Relationship to Student	Year Benefits were Received
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 2015 or 2016.

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

By signing, I certify that all of the information reported and/or attached is complete and correct. **WARNING:** If you purposely provide misleading information or withhold information, you may be subject to penalty of law and/or institutional sanctions.

STUDENT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

NOTE: Signatures must be handwritten. Computer fonts not acceptable

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SNAP Benefits