2016-2017 Verification of Supplemental Nutrition Assistance Program (SNAP) Benefits

Name: _______________________________ UM ID#: 790-__________________

E-Mail: _______________________________ Phone#: ______________________

Supplemental Nutrition Assistance Program (SNAP) is the new name for the Food Stamp Program. New Federal Regulations require that financial aid offices collect a signed statement to certify that Food Stamps were received. Please complete this form and submit promptly.

Independent Student:
You reported on your 2016-2017 FAFSA that in 2014 or 2015 you (or your spouse, if married) or a dependent in your household (as defined by FAFSA questions) received SNAP benefits (food stamps). Please complete, sign and return form promptly.

Dependent Student:
You reported on your 2016-2017 FAFSA that in 2014 or 2015 you or your parent(s) or anyone listed as a dependent in your parent’s household (as defined by FAFSA questions) received SNAP benefits (food stamps). Please complete, sign (both you and a parent required) and return form promptly.

_______ Yes, I certify that I or someone in my household as described above did receive SNAP benefits in 2014 or 2015.

_______ No, SNAP benefits were not received by either me or anyone in my household in 2014 or 2015.

Signature:
By signing this worksheet you certify that the information reported is complete and correct.

Student Signature ______________________ Date ____________ Parent Signature (Dependent students only) ______________________ Date ____________