



MAIL THIS FORM TO:
SUNY New Paltz Financial Aid Office
200 Hawk Drive
New Paltz, NY 12561-2437

DEPENDENT

2016-2017

Receipt of SNAP Benefits

Student Name _____ Student ID Number _____

Did any member of your parents' household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015?

The parent's household includes yourself, your legal parent(s) (including stepparent), and any others who will receive more than half of their support from your parent(s) between July 1, 2016 and June 30, 2017.

Yes

No

Note: If yes, you may be asked to provide documentation from the agency that issued the SNAP benefits in 2014 or 2015.

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student signature

Date

Parent signature

Date