Receipt of SNAP Benefits

Student Name ____________________________     Student ID Number____________________

Did any member of your household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2015 or 2016?

Your household includes yourself, your spouse, your children (if you will provide more than half of their support), and any others who will receive more than half of their support from you between July 1, 2017 and June 30, 2018.

☐ Yes

☐ No

Note: If yes, you may be asked to provide documentation from the agency that issued the SNAP benefits in 2015 or 2016.

Certification and Signatures

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

____________________________         ___________
Student signature                                     Date

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