



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

INDEPENDENT

2015-2016

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 2013 or 2014?

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, 2015 and June 30, 2016.

Yes

No

Note: If yes, you may be asked to provide documentation from the agency that issued the SNAP benefits in 2013 or 2014.

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