

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

DEPENDENT

2017-2018

### 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 2015 or 2016?

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, 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.

**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