Verification of SNAP Benefits

Student’s Name: ___________________________  BAC ID #: __________________

Once completed and signed, submit this form to the Student Aid Office via mail, fax, or email. Please note that emailed forms must be signed and dated before scanning.

☐ Dependent Student (FAFSA completed with parent data)
The parents certify that __________________________, a member of the parents’ household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The Parents’ household includes:

♦ Your parents and yourself, even if you do not live with your parents.
♦ Your parents’ other children if (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016 or (b) the children would be required to provide parental information when applying for Federal Student Aid.
♦ Other people if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

☐ Independent Student
The student certifies that __________________________, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student’s household includes:

♦ Yourself (and your spouse if you have one).
♦ Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016.
♦ Other people if they now live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

Certification and Signature
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

________________________________________  _______________________
Student’s Signature  Date

________________________________________  _______________________
Parent’s Signature (if Dependent)  Date