



2013 – 2014 V2-SNAP Independent Verification

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|---------------------|------------|------|--------------|
| Student's Last Name | First Name | M.I. | Student ID# |
| Student's Address | | | Phone Number |

Complete the section below regarding Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps). For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

- A member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2011 or 2012.
- NO ONE** in my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) at any time during 2011 or 2012.

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 2011 or 2012.

Certification and Signature:

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's Signature (REQUIRED)

Date

Spouse's Signature (OPTIONAL)

Date