2018-2019 SNAP/FOOD STAMP
VERIFICATION WORKSHEET

Name: ________________________________________        CWID: ____________________________________
(Please Print Clearly)

On your Free Application for Federal Student Aid (FAFSA) or your Verification Worksheet, you indicated that you or
a member(s) of your household received Food Stamps or participated in the Supplemental Nutrition Assistance
Program (SNAP) during 2016 and/or 2017. As part of the verification process, you must confirm and provide proof
of this benefit. Please complete the information below and if you are or did receive benefits please provide the
appropriate documentation. Once completed please return all information to the Financial Aid Office.

Please Check the Box that Applies:

☐ I or my spouse (if married) received Food Stamps or participated in the Supplemental Nutrition Assistance
Program (SNAP) during 2016 and/or 2017. If checked, you MUST provide documentation from the agency that
issued your (or your spouse if married) Food Stamp/SNAP benefits showing the benefits were received.

☐ My Parent(s) received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP)
during 2016 and/or 2017. (Dependent students only) If checked, you MUST provide documentation from the
agency that issued your parent(s) Food Stamp/SNAP benefits showing the benefits were received.

☐ Neither I, my spouse (if married), nor my parent(s) received Food Stamps or participated in the Supplemental
Nutrition Assistance Program (SNAP) during 2016 or 2017.

By signing this worksheet, we certify that all the information is complete and correct. Warning: If you purposely give false
or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

_______________________________________________                         ____________________________  
Print Student Name                                                        Student Signature  Date

_______________________________________________                         ____________________________
Print Parent Name (If Dependent Student)                                    Parent Signature (If Dependent Student)  Date