



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