



Certification of SNAP Benefits
(formerly known as the Food Stamp Program)
Received in 2016 or 2017

Student Name: _____

Student ID: _____

_____ I am a dependent student (Your parent must complete the certification section).

_____ I am an independent student (You, the student, must complete the certification section).

I, (please print name clearly) _____, certify that a member of my household* received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2016 or 2017.

Note: If there is reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we will require documentation from the issuing agency.

Student's Signature: _____ Date _____

Parent's Signature: _____ Date _____
 (if a dependent student)

*Who are members of your household:

Independent Student	Dependent Student
<ul style="list-style-type: none"> • You the student. • Your spouse, if you are married. • You or your spouse's children if you or your spouse will provide more than half of their support from July 1, 2018, through June 30, 2019, even if the children do not live with the student. • Other people if they now live with you and you or your spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2019. 	<ul style="list-style-type: none"> • The student. • The parents (including a stepparent) even if the student doesn't live with the parents. • The parents' other children if the parents will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards even if the children do not live with the parents. • Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Student's Primary Phone Number (_____) _____ - _____