



2016-2017 Food Stamps Verification Form

Student Name: _____ ID# _____ Phone: _____

You indicated on your 2016-2017 FAFSA that you or a member of your household received SNAP (Supplemental Nutrition Assistance Program) Benefits at some time during the 2014 or 2015 year(s). Please check the appropriate box below.

- I confirm that I or a member of my household received SNAP Benefits during 2014 or 2015.

- SNAP Benefits were NOT received during 2014 or 2015.

Signatures/Initials

_____ *I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.*

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: *If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.* Your parent must sign this form if you are a dependent student.

Student _____ Parent _____ Date ____ / ____ / ____

For office use only: Received by _____