

**FINANCIAL AID/VETERAN SERVICES/SCHOLARSHIPS
Supplemental Nutrition Assistance Program (SNAP-Food Stamp)
Verification Document
2016-2017**

Print Name: Last, First, M.I.

Student ID/SSN*

____ I, and/or another individual in my household, received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during 2014 and/or 2015.

____ Neither I, nor any individual in my household, received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during 2014 and/or 2015.

The student's household (if independent) includes:

- The student.
- The student's spouse (if married).
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016 through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

The parent's household (if dependent) includes:

- 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, 2016 through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. 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, 2017.

NOTE: This office may require documentation from the agency that issued the SNAP benefits in 2014 and/or 2015.

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported is complete and correct. Once my file has been reviewed, I understand Pensacola State College may request additional documentation before completing my file.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature (Required)

Date

Parent's Signature (Required if dependent)

Date

Rev. 2/2016 * Required and authorized by Title IV of the Higher Education Act of 1965, as amended (§§483 and 484); 20 USC 1078, 1090, 1091 & 1092; 34 CFR 668.16; 34 CFR 668.33; 34 CFR 668.36; 34 CFR 668.32(i) and 34 CFR 668.36