

2016-2017 Supplemental Nutrition Assistance Program (SNAP) Verification Form**INSTRUCTIONS:**

1. Make sure to check your Missing Documents Checklist on the Self Service Portal.
2. Complete all sections of this form and provide all signatures. You may be required to provide further documentation.

Last Name	First Name	MI	SWC ID Number	Date of Birth
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A. SNAP Verification

On your 2016-2017 FAFSA, you indicated the receipt of Supplemental Nutrition Assistance Program (SNAP) benefits by someone in your/your parent(s) household sometime during 2014 or 2015. SNAP offers nutrition assistance to eligible, low-income individuals and families.

The Student's/Parent(s) household includes:

- The student.
- The student's spouse.
- Both of the student's legal (biological or adoptive) parents, if the parents live together, regardless of the marital status or gender of the parents.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016 to June 30, 2017, even if the children do not live with the student.
- The parents' other children if the parents will provide more than half of their support from July 1, 2016 to 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 student/parent(s) and the student/parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Check here to certify that in 2014 or 2015 (Check **ONLY** one):

- ☐ **YES**, a member of your or your parent(s) household received benefits from the SNAP program.
- ☐ **NO** member of your or your parent(s) household received benefits from SNAP program.

Note: *If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.*

B. Certification

Signing this form certifies that the information reported is complete and correct and that any false statement or failure to provide proof when asked may be cause for delay, denial, reduction or withdrawal of financial aid. **Warning: purposely giving false and/or misleading information may be cause for a fine, sentence to jail or both.**

Student Signature

Date

Parent Signature (Dependent Student only)

Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the Southwestern College Financial Aid Office.
You should make a copy of this worksheet for your records.