



Office of Student Financial Aid

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2016-2017 SNAP (Food Stamps) Verification Form

2016-2017 SNAP (Food Stamps) Verification

Student Name _____ CWID _____
E-mail _____ Phone# _____

Independent Student:

1. You reported on your 2016-2017 FAFSA that you **and/or** your family member received benefits from the Supplemental Nutrition Assistance Program (SNAP) (*formerly known as Food Stamps*) at some time during the 2014 or 2015 calendar years.

____ ☐ I, ☐ my Spouse, and/or ☐ Someone in my household (listed on the Verification Worksheet) received benefits from the **Supplemental Nutrition Assistance Program or SNAP** (*formerly known as Food Stamps*) at some time during the 2014 or 2015 calendar years.

Name (s) of the individual(s) receiving SNAP Benefits: _____,
_____, _____, _____

____ ☐ I, ☐ We **did not** receive benefits from the Supplemental Nutrition Assistance Program (SNAP) (*formerly known as Food Stamps*) at any time during the 2014 or 2015 calendar years. I authorize SUBR Financial Aid office to make the necessary corrections on my FAFSA.

Dependent Student:

1. You reported on your 2016-2017 FAFSA that you **and/or** your family member received benefits from the **Supplemental Nutrition Assistance Program (SNAP)** (*formerly known as Food Stamps*) at some time during the 2014 or 2015 calendar years.

____ ☐ I, ☐ my Parents, and/or ☐ Someone in my household (listed on the Verification Worksheet, if applicable) received benefits from the Supplemental Nutrition Assistance Program or SNAP (*formerly known as Food Stamps*) at some time during the 2014 or 2015 calendar years.

Name (s) of the individual(s) receiving SNAP Benefits: _____,
_____, _____, _____

____ ☐ I, ☐ We **did not** receive benefits from the **Supplemental Nutrition Assistance Program (SNAP)** (*formerly known as Food Stamps*) at any time during the 2014 or 2015 calendar years. I authorize SUBR Financial Aid office to make the necessary corrections on my FAFSA.

Signatures: This form must be signed by the student (if independent) or by the student and at least one parent (if dependent).

By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct. We also certify that we understand that the Office of Financial aid may request additional information to verify information reported on this form.

Student's Name (print)

Signature

Date

Spouse's Name (if married) - Optional

Signature

Date

Parent's Name (if Dependent) (print)

Signature

Date

WARNING: Purposely providing false or misleading information on this form may result in a fine, imprisonment, or both