

**Office of Student Financial Aid and Veteran Services**

**650 College Drive, Dalton, GA 30720-3797**

**Phone (706) 272-4545, (800) 829-4436 \* Fax (706) 272-2458**

**Verification of Supplemental Nutrition Assistance Program (SNAP)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On your Free Application for Federal Student Aid (FAFSA) you indicated someone in your or your parent’s household received supplemental nutrition assistance (food stamps) in 2014 or 2015.

***Please complete the following information regarding the supplemental nutrition assistance.***

**Independent Student**

**□ A member of my household, who is listed on my 2017-2018 FAFSA, did receive Supplemental**

**Nutrition Assistance (SNAP) in 2014 or 2015, and if asked will provide documentation of the**

**receipt of the SNAP benefits.**

**□ No member of my household, who is listed on my 2017-2018 FAFSA, received Supplemental**

**Nutrition Assistance (SNAP) in 2014 or 2015.**

**I certify that all of the information reported on this form is complete and correct.**

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**Student Signature** Date

Student’s phone#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependent Student**

**□ A member of my parent’s household, who is listed on my 2017-2018 FAFSA, did receive Supplemental Nutrition Assistance (SNAP) in 2014 or 2015, and if asked will provide documentation of the receipt of the SNAP benefits.**

**□ No member of my parent’s household, who is listed on my 2017-2018 FAFSA, received Supplemental Nutrition Assistance (SNAP) in 2014 or 2015.**

**Each person signing this form certifies that all of the information reported on it is complete and correct.**

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**Student Signature** Date

Student’s phone#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Parent/Step-parent Signature** Date

Parent’s daytime phone# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**