

Food Stamps or Supplemental Nutrition Assistance Program (SNAP) Verification Form 2016-2017

Student Name _____ ID or SS Number _____

On your FAFSA, you or your parent (if you are a dependent student) indicated that you had received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2014 or 2015. As part of the verification process, please check one of the statements listed below.		
Please	check one:	
0	I (or my spouse or someone else listed in my household on the FAFSA) received Supplemental Nutrition Assistance Program (SNAP) food benefits during 2014 or 2015.	
0	My parent(s) (or someone else listed in my parent's household on the FAFSA) received Supplemental Nutrition Assistance Program (SNAP) food benefits during 2014 or 2015.	
0	Neither I nor my parent(s) (nor anyone else listed in my household on the FAFSA) received Supplemental Nutrition Assistance Program (SNAP) food benefits during 2014 or 2015. Please make a correction to my 2016-2017 FAFSA information.	
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.		
•	ning this worksheet, I certify that all the information reported ete and correct.	l to qualify for Federal student aid is
Student		Date
Parent (if dependent student)		Date
	ux or take this worksheet to Marietta College Office of Student Fina 750 ~ Fax: 740-376-4990 ~ Email: finaid@marietta.edu	ancial Services, 215 Fifth Street, Marietta,