



AN HONORS UNIVERSITY IN MARYLAND

2016-2017 Receipt of SNAP Benefits—Dependent

Student Information

Please print clearly—illegible documents cannot be processed

Student Name: _____ Campus ID: _____

Your FAFSA was selected for review in a process called "Verification." In this process, our office is required to confirm data reported on the FAFSA. If there are differences between your FAFSA information and your documentation, our office may need to make corrections to your FAFSA. Please answer this form carefully and completely. If the office has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, you may be required to provide documentation from the agency that issued the benefit.

Family Information

We certify that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parent's other children if the parent will provide more than half of the children's support from July 1st 2016 through June 30th 2017, or if the other children would be required to provide parental information if they are 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 the other people's support and will continue to provide more than half of their support through June 30th, 2017.

Warning: If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Signing this document certifies the information reported is complete and correct.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____