Student Financial Services
Division of Enrollment and Access
Centennial Hall
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2016-2017



PFSPOD 10/20/2015

## 2016-2017 Parental Verification of Supplemental Nutrition Assistance Program (SNAP) Benefits

Student Name (please print)	CSUID
On your FAFSA, your parent(s)/stepparent certified someone in the pare benefits from the Supplemental Nutrition Assistance Program SNAP (for Stamp Program) sometime during 2014 or 2015 calendar years. SNAP m in some states. For assistance in determining the name used in a state,	merly known as the Food ay be known by another name
The parent(s)/stepparent household includes:	
<ul> <li>The student</li> </ul>	
<ul> <li>The parent(s)/stepparent listed on the FAFSA, even if the student does</li> </ul>	s not live with them.
The parent(s)/stepparent other children if they will provide more than h 1, 2016, through June 30, 2017, or if the other children would be requi information if they were completing a FAFSA for 2016–2017. Include of these standards even if the children do not live with the parent(s)/step	red to provide parental hildren who meet either of
<ul> <li>Other people if they now live with parent(s)/stepparent and they provid support and will continue to provide more than half of their support thro</li> </ul>	
Note: If we have reason to believe that the information regarding the receipt of may require documentation from the agency that issued the SNAP benefits in	
Please verify by checking one:	
Someone in my parent(s)/stepparent household ( <i>listed on student FA</i> Nutrition Assistance Program (SNAP) food benefits during 2014 or 207	
☐ We answered incorrectly and my parent(s)/stepparent (and no one in Supplemental Nutrition Assistance Program (SNAP) food benefits duri	
STUDENT AND PARENT SIGNATURES:	
We certify the statement checked is correct.	
Student's Signature	Date
Parent one Signature	Date
Parent two/Stepparent's Signature (if applicable)	 Date