Student Financial Services Division of Enrollment and Access Centennial Hall 1065 Campus Delivery Fort Collins, Colorado 80523-1065 (970) 491-6321 (970) 491-5010 FAX sfs.colostate.edu



2016-2017 Student/Spouse Verification Supplemental Nutrition Assistance Program (SNAP) Benefits

	Student Name (please print)	CSUID
Supplem sometime	FAFSA, you indicated a member of the student's household receivental Nutrition Assistance Program SNAP (formerly known as the e during the 2014 or 2015 calendar years. Snap may be known by for assistance in determining the name used in a state, please call	Food Stamp Program) another name in some
The stude	ent's household includes:	
•	The student.	
•	The student's spouse, if the student is married.	
•	The student's or spouse's children if the student or spouse will provid support from July 1, 2016, through June 30, 2017, even if the children	
•	Other people if they now live with the student and the student or spot their support and will continue to provide more than half of their support	
	e have reason to believe that the information regarding the receipt of S ire documentation from the agency that issued the SNAP benefits in 20	
Pleas	e verify by checking one:	
	or someone in my household <i>listed on my FAFSA</i>) received food bene on Assistance Program (SNAP) program during 2014 or 2015 calendar	
	Inswered incorrectly and no one in my household received food benef on Assistance Program (SNAP) program during 2014 or 2015 calendar	• •
STUDEN	T AND SPOUSE SIGNATURES:	
I (we) cer	tify the statement checked is correct.	
Student S	ignature	Date
Spouse S	ignature (if applicable)	Date