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

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**Student Name (please print)**

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**CSUID**

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On your FAFSA, you indicated a member of the student’s household received benefits from the Supplemental Nutrition Assistance Program SNAP (formerly known as the Food Stamp Program) sometime during the 2014 or 2015 calendar years. 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.

The student’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 provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

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.

**Please verify by checking one:**

- [ ] I (or someone in my household **listed on my FAFSA**) received food benefits from the Supplemental Nutrition Assistance Program (SNAP) program during 2014 or 2015 calendar years.

- [ ] I **answered incorrectly** and no one in my household received food benefits from the Supplemental Nutrition Assistance Program (SNAP) program during 2014 or 2015 calendar years.

**STUDENT AND SPOUSE SIGNATURES:**

I (we) certify the statement checked is correct.

Student Signature ________________________________ Date ____________

Spouse Signature (if applicable) ________________________________ Date ____________

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2016-2017