2016-2017 RECEIPT OF SNAP BENEFITS VERIFICATION WORKSHEET
Dependent Student

Student Name: _____________________________________________  ID#: ___________________

On the Free Application for Federal Student Aid (FAFSA), you indicated that a member of your household received Food Stamps during either 2014 and/or 2015. You have been selected for verification; therefore, this Office must obtain documentation verifying the receipt of these benefits.

Did you or a member of your household receive Food Stamps in 2014 and/or 2015?
☐ No. Please sign and submit this form to the Financial Aid Office. We will update your FAFSA to correct this information.
☐ Yes. Please complete the information below, sign this form, attach proof of benefits received, and return to the Office of Student Financial Assistance

The parents’ household includes:
✓ The student.
✓ The parents (including a stepparent) even if the student doesn’t live with the parents.
✓ The parents’ other children if the parents will provide more than half of the children’s support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were 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 30, 2016.

You must also attach proof of the receipt of these benefits. If you do not have a letter from the county agency which handles the case, you can contact the agency for a copy of the benefit information. The statement you provide must show that the benefits were received in 2014 and/or 2015. For more information, please visit the State of New Jersey Department of Human Services: http://www.nj.gov/humanservices/dfd/programs/foodstamps/.

The parents certify that ____________________________, a member of the parents’ household, received/did not receive 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).

____________________________________________  __________________________
Student Signature                                Date

____________________________________________  __________________________
Parent Signature                                 Date