

**2019 - 2020 INDEPENDENT SUPPLEMENTAL NUTRITION ASSISTANCE
PROGRAM (SNAP) VERIFICATION FORM**

STUDENT NAME: _____ SPU ID: _____

You indicated on your 2019 – 2020 Free Application for Federal Student Aid (FAFSA) that someone in your household received benefits from the Supplemental Nutrition Assistance Program, or SNAP (formerly known as Food Stamps), in 2017 or 2018.

Please list the name of the person/people in your household who received SNAP benefits in 2017 or 2018. Also list their relationship to you, the FAFSA applicant:

Name	Relationship to FAFSA Applicant

By signing this Verification Statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

Student Signature

Date

Phone

Email