

# RECEIPT OF SNAP BENEFITS

## VERIFICATION

The student certifies that a member of the students' household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2015 and/or 2016. 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).

### THE STUDENT'S HOUSEHOLD INCLUDE:

- 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, 2017 through June 30, 2018, 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, 2018.

The parents certify that a member of the parents' household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2015 or 2016. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-00-4FED-AID (1-800-433-3243).

### THE PARENTS' HOUSEHOLD INCLUDE:

- 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 their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. 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 their support and will continue to provide more than half of their support through June 30, 2018.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefit is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2015 or 2016.

## CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposefully give false or misleading information you may be fined, be sent to prison, or both.**

Print Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_  
(Student's First Name) (Student's Last Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)

FINANCIAL AID OFFICE

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