



ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

Student Financial Services

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**2016-2017 SNAP Benefit
Verification Statement (Dependent Student)**

Dependent Student Information

Student's Last Name	First Name	M.I.	Student's Identification (ID) Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City State Zip Code			Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

On your Free Application for Federal Student Aid (FAFSA), you indicated that you or a member of the household participated in the Supplemental Nutrition Assistance Program (SNAP) – *formally known as Food Stamps* – during 2014 and/or 2015. As part of the verification process, you must confirm that you received this benefit.

This form is to be completed by the applicant's parent(s) if any member of the parents' household received SNAP benefits in 2015

Parent Information- Please Print

Parent completing this form:

- Parent 1/Mother/Step-Mother
- Parent 2/Father/Step-Father
- Both Parent 1 & Parent 2

Parent 1 Name: _____

Social Security Number: _____

Parent 2 Name: _____

Social Security Number: _____

SNAP Benefit Verification

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 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).

The parents' household includes:

- The student.
- The parents (including a stepparent) even if the student did not recently live with the parents.
- The parents' other children if the parents will provide more than half of their 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 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 2015 or 2016.

Certifications 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 purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student's Name

Student's ID Number

Student's Signature

Date

Parent Signature

Date