



# ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

Student Financial Services

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**2017-2018 SNAP Benefit  
Verification Statement (Independent Student)**

**Independent 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 2016 and/or 2017. As part of the verification process, you must confirm that you received this benefit.

This form is to be completed by the student if any member of his/her household received SNAP benefits in 2016

**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 2016 or 2017. 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 students household includes:

- The student and spouse if married.
- The students children if he/she provided more than half of their support from July 1, 2017, through June 30, 2018.
- Other people if they now live with the student and 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 benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2016 or 2017.

### 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