Fayetteville State University
Dependent Student SNAP Benefits Verification Form

Complete the section below related to someone in the student’s household receiving benefits from the Supplemental Nutrition Assistance Program or SNAP.

☐ Did not receive SNAP Benefits

☐ I, the parent, certify that a member of my household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015.

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 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.

Certification and Signatures:

Each person signing this worksheet 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 this form.

Student Signature: ____________________________ Date: ____________________________

Parent Signature: ____________________________ Date: ____________________________

*If Fayetteville State University’s Office of Financial Aid has 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 2014 or 2015.

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