**RECEIPT OF SNAP BENEFITS – DEPENDENT STUDENT**

**2013-14**

| Student Name:_______________________________ | CSUSM Email: ______________________________ |
| Student ID #:__________________________________ | Phone #: ______________________________ |

On your 2013-14 FAFSA application, you entered “Yes” to the question regarding the receipt of Supplemental Nutrition Assistance Program (SNAP), which asks “In 2011 or 2012, did anyone in your parents’ household receive Supplemental Nutrition Assistance Program (SNAP)?” To determine your financial aid eligibility, you must return this form, signed and completed, to CSU San Marcos’ Financial Aid and Scholarships Office.

Please complete both sections below, using black ink. Student/Benefit Recipient Information section must be completed by the Student, and/or the person in the Student’s household who received Supplemental Nutrition Assistance Program (SNAP) Benefits. AGENCY Information section must be completed by a representative of the Agency that authorized the Supplemental Nutrition Assistance Program (SNAP) Benefits to the student or the person in the student’s household. The information provided will be used only to determine financial aid eligibility and will be held confidential by CSU San Marcos pursuant to the Family Educational Rights and Privacy Act (FERPA).

### Student/Benefit Recipient Information

The following is to be completed by the Student, and/or person in the student’s household who received Supplemental Nutrition Assistance Program (SNAP) Benefits BEFORE submitting to the Agency.

I authorize the agency to provide the information requested by the college listed above.

Name of person who received benefits______________________________

Case Number_________________________________ Relationship to Student______________________________ Date____________________

Student Signature_________________________________ Date______________

Benefit Recipient Signature (if other than student)________________________ Date______________

### AGENCY Information

The following is to be completed by a Representative of the Agency that authorized Supplemental Nutrition Assistance Program (SNAP) Benefits to the Student or to a person in the Student’s household.

- [ ] The person(s) listed above received no assistance from this agency during 2011 OR 2012.
- [ ] There is no record of the case name and/or case number
- [ ] The person(s) listed above received/receive assistance from this agency as detailed below:

<table>
<thead>
<tr>
<th>Year Benefits Were Received</th>
<th>Type of Benefits Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2012</td>
</tr>
</tbody>
</table>

Name and Title of Agency Representative____________________________________

Representative’s Signature_________________________________ Date______________

*AGENCY STAMP REQUIRED*