

California State University

Financial Aid and Scholarships Office **Tel:** 760.750.4850

Fax: 760.750.3047 <u>www.csusm.edu/finaid</u>

2016-2017 VERIFICATION OF SNAP BENEFITS - DEPENDENT STUDENT

Student's Name: Student's ID#			
confirm the information you and you and process your financial aid applinstructions: You or your parent(s and/or 2015. Please complete the	our parent(s) reported on lication.) indicated that a member below information to verify	your FAFSA. Accurate completion of your household received Food by the receipt of these benefits. Dic	you or a member of your household
receive Food Stamps (SNAP) in cal	lendar years 2014 or 2015	? (Please note: SNAP may have a	different name in your state.)
\square No, I did not, nor did a memb	er of my household, receiv	ve Food Stamps (SNAP) in 2014 ar	nd/or 2015.
☐ Yes. I, or a member of my ho	usehold, received Food Sta	amps (SNAP) in 2014 and/or 2015	
Please complete the following info receiving benefits, please indicate			mp (SNAP) benefits. If you are the one
Name of Recipient	Age	Relationship to Student	
Street Address		Phone Number	
City	Sta	te	Zip
All of the information on this form documentation to substantiate the		e best of my knowledge. If reques	sted, I agree to provide further
Student's Signature		Date	
Parent's Signature		Date	