

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

Fax: 760.750.3047

California State University

SAN

www.csusm.edu/finaid

## 2016-2017 VERIFICATION OF SNAP BENEFITS – INDEPENDENT STUDENT

Student's Name: \_\_\_\_\_

\_ Student's ID#\_\_\_\_\_

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for a process called "Verification". CSUSM is required to confirm the information you and your parent(s) reported on your FAFSA. Accurate completion of this form is required in order to verify and process your financial aid application.

Instructions: You or your parent(s) indicated that a member of your household received Food Stamps (SNAP) during either 2014 and/or 2015. Please complete the below information to verify the receipt of these benefits. Did you or a member of your household receive Food Stamps (SNAP) in calendar years 2014 or 2015? (Please note: SNAP may have a different name in your state.)

□ No, I did not, nor did a member of my household, receive Food Stamps (SNAP) in 2014 and/or 2015.

□ Yes. I, or a member of my household, received Food Stamps (SNAP) in 2014 and/or 2015.

Please complete the following information for the person in your household receiving Food Stamp (SNAP) benefits. If you are the one receiving benefits, please indicate "self" in Relationship to Student.

Age	e Relationship to Student	
Phone Number		
	-	
State	Zip	

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided.

Student's Signature	Date	