2014 – 2015
SNAP Benefit Verification Form

Student Name_________________________________________ ID____________________

You have indicated on your 2014-2015 FAFSA application that you, your parent or someone else in your household received SNAP (formerly known as food stamps) assistance in 2012 or 2013. You are subject to Federal Regulations which require verification of information supplied by you and/or your parent if a dependent student.

We ask you to please provide any/all applicable information in the section below and return this form to the Financial Aid Office or mail to the address list below. Your prompt return of this information will help assure timely processing of the student’s application.

Please complete below information

Number in Family ____________

______I or my spouse received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2012 or 2013. If checked, please attach documentation from the agency that issues the Food Stamps/SNAP that verifies that the benefit was received.

______My parent or someone in my parents’ household received Food Stamps or Supplemental Nutrition Assistance program (SNAP) food benefits during 2012 or 2013. If checked, please attach documentation from the agency that issues the Food Stamps/SNAP that verifies that the benefit was received.

______Neither I, my spouse, my parent nor anyone in my parent’s household received Food Stamps or Supplemental nutrition Assistance program (SNAP) food benefits during 2012/2013. Please make a correction to your 2013-2014 FAFSA information if you indicated SNAP benefits were received.

______Other, please explain: __________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education’s Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.

_________________________________________ __________________________
Student’s Signature Date

_________________________________________ __________________________
Spouse -OR- Parent Signature Date

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349