2014-2015 VERIFICATION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

INDEPENDENT STUDENT OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2014-2015 FAFSA that you or a member of your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) for the 2012 and/or 2013 calendar year and verification is needed.

Did you or did a member of your household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) for the 2012 and/or 2013 calendar year?

YES □       NO □

If YES, please attach documentation of the receipt of SNAP benefits received (NH Department of Health and Human Service Notice of Decision) for the 2011 and/or 2012 calendar year.

I/We certify that the above information about SNAP benefits is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/we certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME: _______________________________   Student ID: ______________

STUDENT SIGNATURE: _______________________________   DATE: __________

PARENT SIGNATURE: _______________________________   DATE: __________
(If Dependent Student)