



Verification of Supplemental Nutrition Assistance Program (SNAP) Benefits 2015-2016

INSTRUCTIONS

Your FAFSA has been selected by the U.S. Department of Education for verification, a process which requires our office to verify specific data fields from your FAFSA. Please complete this worksheet regarding your household's Supplemental Nutrition Assistance Program (SNAP) benefits received during 2013 or 2014.

This information must be verified before we can apply your aid to your account; therefore we encourage you to submit all requirements within 30 days of receipt of request. For your convenience, you can [email, mail or fax](#) the documentation us.

STUDENT INFORMATION

Student's Name _____ UD ID# _____
Last First MI

Permanent Address _____
Street Address City State Zip

SSN (optional) _____ Home Phone _____ Cell Phone _____

VERIFICATION INFORMATION

Please check one:

I hereby acknowledge that I and/or another member of this household received Food Stamps (SNAP) benefits during the calendar year(s) of 2013 and/or 2014.

I hereby acknowledge that no one within this household received Food Stamps (SNAP) benefits during the calendar year(s) of 2013 and/or 2014.

Failure to provide the requested information in a timely manner may result in a loss or reduction of financial aid.

Signature(s) REQUIRED

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student _____ Date _____

Parent/Spouse _____ Date _____

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