

**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 2014 or 2015.

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 2014 and/or 2015.
- I hereby acknowledge that no one within this household received Food Stamps (SNAP) benefits during the calendar year(s) of 2014 and/or 2015.

**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 \_\_\_\_\_