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

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Student Last Name  Student First Name  M.I.  Date of Birth  Student ID

**Independent Student Household**-
1. Yourself, and your spouse if you have one, and;
2. Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, even if they do not live with you, and;
3. Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016

**Dependent Student Household**-
1. Yourself and your parent(s) (including stepparent) even if you don’t live with your parents, and;
2. Your parents’ other children, even if they don’t live with your parent(s), if your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, and;
3. Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016

**Has anyone in the household received benefits from SNAP (formerly known as food stamps) any time during the 2013 or 2014 calendar years?**

YES_______ NO_______

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

By signing this statement, I/we certify that all the information reported on this document is complete and correct.

**Warning:** If you purposely give false or misleading information on this document, you may be fined, be sentenced to jail, or both.

____________________  ______________________
Student’s Signature  Date

____________________  ______________________
Parent’s Signature (Dependent Students Only)  Date

Please return to financialaid@davenport.edu