Florida State University
2015-2016 Verification of SNAP Benefits

Receipt of SNAP Benefits
(Independent Student)

This form is to verify whether or not any member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FEDAIL (1-800-433-3243).

The parent's household includes:

- The student.
- The parents (including a stepparent) even if the student doesn’t live with the parents.
- The parents’ other children if the parents will provide more than half of the children’s support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Check one of the following statements

[ ] I ________________________________ affirm that someone in my household received SNAP benefits sometime during 2014 and/or 2015 and will attach supporting documentation.

[ ] I ________________________________ affirm that no one in my household received SNAP benefits anytime during 2014 and/or 2015

Signature of Student __________________________ Date __________________________

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