OFFICE OF
STUDENT FINANCIAL SERVICES

Supplemental Financial Aid Information

Student SNAP Verification Form
(Formerly known as Food Stamps)
2016-2017 Academic Year

Student Name: ______________________________________
Student ID: _________________________________________ Phone: ___________________________

You or your parent indicated on your 2016-2017 FAFSA that a member of your or your parents’ 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 1-800-4FED-AID (1-800-433-3243).

For Dependent Students, the parents’ 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 their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. 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 parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

For Independent Students, the student’s household includes:
- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- 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, 2017.

Please list the name of the recipient(s) in your or your parent’s household who received SNAP benefits in 2014 or 2015. Also list their relationship to the FAFSA applicant:

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<tr>
<th>NAME OF SNAP RECIPIENT</th>
<th>RELATIONSHIP TO FAFSA APPLICANT</th>
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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 2014 or 2015.

I certify that this information is complete and accurate to the best of my knowledge. **WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

Student Signature: __________________________________________ Date: ________________________
Parent Signature: ___________________________________________ Date: ________________________

Please mail form to: Marist College • Office of Student Financial Services • 3399 North Road • Poughkeepsie, NY 12601
Please email form to: studentfinancialservices@marist.edu
Please fax form to: (845) 575-3099