



San Bernardino

Valley College

FINANCIAL AID OFFICE

2015-2016 SNAP Verification Worksheet

Last Name	First Name	MI	Student ID	Date of Birth
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Verification of Food Stamps-Supplemental Nutrition Assistance Program (SNAP) receipt

Complete this section if someone in the student's household, if you or your spouse (if married) and/or your parent(s) (if considered dependent on your FAFSA) received food stamps in 2013 or 2014.

Place a check mark in the appropriate box(es) below.

☐ Student ☐ Spouse ☐ Parent ☐ Other: _____

☐ No one in my household received food stamps in 2013 or 2014, an error was made on my FAFSA application.

Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. ***I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.***

Student's Signature

Date

Parent Signature (*if dependent student*)

Date