



San Bernardino

Valley College

FINANCIAL AID OFFICE

## 2017-2018 SNAP Verification Worksheet

Last Name

First Name

MI

Student ID

Date of Birth

### **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 benefits from the Supplemental Nutrition Assistance Program (SNAP) or food stamps in 2015 or 2016.

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

Student     Spouse     Parent     Other: \_\_\_\_\_

No one in my household received food stamps in 2015 or 2016, an error was made on my FAFSA application.

### **Certification and Signature**

Each person signing below certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if dependent student)

\_\_\_\_\_  
Date