



San Bernardino

Valley College

FINANCIAL AID OFFICE

2016-2017 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 benefits from the Supplemental Nutrition Assistance Program (SNAP) or food stamps in 2014 or 2015.

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

☐ Student ☐ Spouse ☐ Parent ☐ Other: _____

☐ No one in my household received food stamps in 2014 or 2015, 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