



Name _____

Empl ID _____

Date _____

**2016-2017 Verification of SNAP Benefits (FASNPO)
(Dependent 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 2015 or 2016. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FEDAID (1-800-433-3243).

Please check the statement that applies to you:

- I (student) did receive SNAP benefits for either 2015 or 2016
- My parent(s) or stepparent did receive SNAP benefits for either 2015 or 2016
- Other household members included on the FAFSA received SNAP benefits for either 2015 or 2016
- Household members listed on FAFSA, did **not** receive SNAP benefits during 2015 or 2016

Please provide documentation from the agency that issued these benefits showing that the benefits were received during 2015 or 2016 **AND ATTACH IT TO THIS FORM.**

Signature of Student

Date

Signature of Parent

Date

Florida State University's Use of Social Security Number policy is available at
http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm

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