



Name _____

Empl ID _____

Date _____

**2016-2017 Verification of SNAP Benefits
(Independent 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).

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's and/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 their 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.

Check one of the following statements

I _____ **affirm that someone in my household received SNAP benefits sometime during 2015 and/or 2016 and will attach supporting documentation.**

I _____ **affirm that no one in my household received SNAP benefits anytime during 2015 and/or 2016**

Signature of Student

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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