



SNAP (Food Stamps) Verification 2018-2019

USE BLACK INK ONLY

On the Free Application for Federal Student Aid (FAFSA), you indicated that you and/or someone in your household, or someone in your parent’s household, received benefits from the Supplemental Nutrition Assistance Program (SNAP – formerly known as food stamps) in 2016 and/or 2017. To confirm this information, please complete and return this form to Boise State’s Financial Aid and Scholarships Office. If your parent was required to be reported on the FAFSA, their signature is required to certify that someone in their household has received these benefits.

Student Name: _____ Student ID #: _____
(Print or type) First Name Last Name

IF PARENT INFORMATION WAS REQUIRED ON FAFSA, COMPLETE THIS BOX:
<p>Did you (or someone listed in your household on the 2018-2019 FAFSA) receive SNAP benefits in 2016 and/or 2017?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Before submitting, certify the validity of the above information and sign at the bottom of this page.</p>

IF PARENT INFORMATION WAS NOT REQUIRED ON FAFSA, COMPLETE THIS BOX:
<p>Did you (or someone listed in your household on the 2018-2019 FAFSA) receive SNAP benefits in 2016 and/or 2017?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Before submitting, certify the validity of the above information and sign at the bottom of this page.</p>

Required Signatures: Your signature indicates that all information provided on this form is complete and correct. Additional information may be requested if further clarification is necessary, or to resolve conflicting information. By signing this document, I certify that the information reported is complete and correct. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both.

Student Signature (Please print this form to sign) Phone Number Date

Parent Signature (if parent information was provided on FAFSA) Phone Number Date