WAYNESBURG UNIVERSITY

2013-2014 SNAP Benefits Verification Form

The purpose of this form is to verify your Supplemental Nutrition Assistance Program Benefits (SNAP). Please complete and return this form to the Financial Aid Office by US Mail, fax (724-852-3269) or email (finaid@waynesburg.edu).

Student Information

_____ ____XXX_XX_____

Last Name *First Name* *M.I.* *Social Security Number*

_____ _____ _____ _____

Date of Birth *Home Phone Number* *Cell Phone Number* *Student's E-mail*

Supplemental Nutrition Assistance Program Benefits (SNAP)

Did the student or parent receive SNAP benefits (food stamps) during the calendar year 2011 or 2012?

- ❑ **Yes.**
- ❑ **No.**

Dependent Student: Answer this question about your parents' household which includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2013, through June 30, 2014, or if the other children would be required to provide parental information if they were completing a FAFSA for 2013–2014. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2014.

Independent Student: Answer this question about your household which includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2013, through June 30, 2014, even if the children do not live with the 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, 2014.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2011 or 2012.

Sign This Form

Each person signing this form certifies that all the information reported on this form is complete and correct.
Dependent Student: Student and one parent must sign. **Independent Student**: If married, spouse's signature is optional.

_____ _____

Student's Signature *Date* *Parent's Signature or Spouse's Signature* *Date*