2013-2014 SUPPLEMENTAL NUTRITION ASSISTANT PROGRAM VERIFICATION (SNAP)

A. Student Information

BU-ID Number: _________________________________

Last Name                  First Name                  M.I.

Address (include Apt. No.)

City                  State                  Zip

Telephone Number (include Area Code) _________________________________

Your application has been selected for verification. The item which must be verified is Supplemental Nutrition Assistant Program or SNAP (formerly known as food stamps).
Complete the entire form and submit a copy of your official documents verifying the amount received for 2012.

B. Student and/or Parent Information to Be Verified (please check all that apply)

1. Complete this section if a person in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP)—(formerly known as Food Stamps) any time during the 2012 calendar years.

   a. _____ I and/or my Parents did not receive benefits from the Supplemental Nutrition Assistance Program (SNAP)—(formerly known as Food Stamps) any time during the 2012 calendar years

   b. _____ I, my Spouse, my Parents and/or Someone in my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) during the 2012 calendar year.

Name of the individual(s) receiving SNAP Benefits: _____________________ _____________________

Sign this Worksheet
I certify that all of the information reported on this worksheet is complete and correct.
If married, your spouse’s signature is optional.

__________________________________________________________________________
Student

__________________________________________________________________________
Date

__________________________________________________________________________
Parent (Dependent Student Only)

__________________________________________________________________________
Date