



## 2016-2017 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 at 300 Fraser Purchase Road Latrobe PA 15650-2690. Fax 724-805-2953

### Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____			_____
Address (permanent address, include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Telephone/Cell Number (include area code)

### Supplemental Nutrition Assistance Program Benefits (SNAP)

**Did the student or parent receive SNAP benefits (food stamps) during the calendar year 2015 or 2016?**

- 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, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. 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, 2017.

**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, 2016, through June 30, 2017, 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, 2017.

**Please attach documentation from the agency issuing the food stamps.**

I certify that the above information is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date