2015-2016 Verification of Supplemental Nutrition Assistance Program (SNAP)

STUDENT AND/OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2015-2016 FAFSA that you or a member of your household received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for the 2013 and/or 2014 calendar year and verification is needed.

Did you or did a member of your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for the 2013 and/or 2014 calendar year?

YES □  NO □

I/We certify that the above information about SNAP benefits is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/we certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME: ________________________________________       NCC ID:  __________________

STUDENT SIGNATURE: ____________________________________       DATE: ____________________

PARENT SIGNATURE: _____________________________________       DATE: ____________________
(If Dependent student)

Please return this completed form to the NCC Financial Aid Office.