STUDENT’S NAME: ___________________________ CWID: ___________________________

Independent Student - Check the box that applies:

☐ The student certifies that a member of the household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assisting in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

☐ The student certifies no Food Stamps were received.

The student’s household 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 the children’s 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.

Dependent Student - Check the box that applies:

☐ The parents certify that a member of the household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assisting in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

☐ The parents certify no Food Stamps were received.

The parent’s household 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 the other people’s support and will continue to provide more than half of their support through June 30, 2017.

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 2014 or 2015.

Each person signing below certifies that all of the information reported is complete and correct.

The student must sign, and for dependent students, one parent whose information was reported on the FAFSA must sign and date.

For Independent Students:

__________________________ ___________________________
Student’s Signature Date

__________________________ ___________________________
Student’s Spouse’s Printed Name, if married Spouse’s Signature Date

For Dependent Students:

__________________________ ___________________________
Student’s Signature Date

__________________________ ___________________________
Parent’s Printed Name Parent’s Signature Date