



**SNAP VERIFICATION**

**Reason for this form:** The financial aid offices requires verification regarding receipt of benefits from the Supplemental Nutrition Assistance Program (SNAP) during 2018 or 2019 for anyone included in your household. Answering these questions will not reduce eligibility for federal student aid or these benefits.

**Student's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Refer to the box below to determine who is included in your household:**

- For **Independent students**, the 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 their support from July 1, 2020, through June 30, 2021, 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, 2021.
- For **Dependent students**, the 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, 2020, through June 30, 2021, or if the other children would be required to provide parental information if they were completing a FAFSA for 2020-21. 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, 2021.

**SECTION A: Verification of SNAP Benefits Received**

**Did anyone in your household receive SNAP benefits in 2018 or 2019?**

- NO - No one included in my household received SNAP benefits in 2018 or 2019.** (The financial aid office will correct the error if you check this box.)
- YES - SNAP benefits were received in 2018 or 2019 by member(s) of my household.**

**SECTION B: Other Federal Benefits Received**

**Did anyone in your household receive benefits from any of the federal programs listed below in 2018 or 2019?**

- Free or Reduced Price Lunch:  **YES**  **NO**
- SSI (Supplemental Security Income):  **YES**  **NO**
- TANF (Temporary Assistance for Needy Families):  **YES**  **NO**
- WIC (Supplemental Nutrition Program for Women, Infants and Children):  **YES**  **NO**

**SECTION C: Certification**

*I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail or both.*

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Parent signature required if student is dependent for federal student aid purposes.)*

**JCC Financial Aid Office | PO Box 20 | Jamestown, NY 14702-0020**

**Jamestown 716.338.1009 | 1.800.388.8557 ext. 1009 | Olean 716.376.7512 | 1.800.388.8557 ext. 7512 | FAX 716.338.1459**