2016-2017 SNAP (Food Stamps) Verification Worksheet

Federal Student Aid Programs

Your 2016-2017 Free Application for Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA (if applicable) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information. If you have any questions about verification, contact us at (631) 420-2578 as soon as possible so that your financial aid will not be delayed.

A. STUDENT INFORMATION

Last Name_______________________First Name_______________________ MI_____ RAM ID________________
Address______________________________________Apt__________ City/State/Zip______________________
Telephone_____________________Birth Date__________________Email________________________________

On the FAFSA, it was reported that someone in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, during the 2014 or 2015 calendar year(s).

Please Check the Box that Applies:

☐ I or my spouse (if married) received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during 2014 and/or 2015. If checked, you MUST provide documentation from the agency that issued your (or your spouse if married) Food Stamp/SNAP benefits showing the benefits were received.

☐ My Parent(s) received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during 2014 and/or 2015. (Dependent students only) If checked, you MUST provide documentation from the agency that issued your parent(s) Food Stamp/SNAP benefits showing the benefits were received.

☐ Neither I, my spouse (if married), nor my parent(s) received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during 2014 or 2015.

F. CERTIFICATION

Each person signing this form certifies that all the information reported on it is complete and correct.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

________________________________________________________       ________________________
Student Signature                                    Date

________________________________________________________       ________________________
Parent Signature (only required if dependent student)     Date

Campus Location-Laffin Hall Rm 324
Telephone-(631) 420-2578    Fax-(631) 420-3662