



2013-2014
Receipt of SNAP Benefits

PTC ID: _____ Name: _____

_____ DEPENDENT STUDENT
(Parent must complete)

_____ INDEPENDENT STUDENT
(Student must complete)

The student or parent certifies that a member of the household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2011 or 2012.

For a Dependent Student, 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, 2013, through June 30, 2014, or if the other children would be required to provide parental information if they were completing a FAFSA for 2013-2014.
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, 2014.

For an Independent Student, 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, 2013, through June 30, 2014, 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, 2014.

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 2011 or 2012.

Check only one box that applies pertaining to SNAP Benefits Received:

- Check here if SNAP benefits were received during 2011 or 2012.
Check here if SNAP benefits were not received during 2011 or 2012.

Certification: I hereby declare that all information reported on this document is true, complete and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(if student is dependent)