2015-2016 Supplemental Nutrition Assistance Program (Food Stamps) Form

Section A – Student Information (Please print clearly)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Email</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</table>

What you should do:
1. Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.
2. Submit an 8 ½ x 11 legible copy of documentation requested.
3. Please submit all documents at the same time to the address above (please do not fax, as it may delay processing)
4. Please make sure to include your UIN on all documents.

On your 2015-2016 Free Application for Federal Student Aid (FAFSA) you indicated that a member of your family received Supplemental Nutrition Assistance Program (Food Stamps) benefits in 2013 or 2014. In order for us to continue processing your financial aid application, our office must verify receipt of this benefit.

Section B – Supplemental Nutrition Assistance Program (Food Stamps) Form

Return this original form to our office along with a copy of the following requested documentation.

I have attached the following documentation (please check all):

- [ ] No one in our household received Supplemental Nutrition Assistance Program (Food Stamps) benefits in 2013 or 2014.
- [ ] I and/or my spouse (if married) received Supplemental Nutrition Assistance Program (Food Stamps) benefits in 2013 or 2014. You must attach documentation from the agency that issued the benefit to verify receipt. Include your name and University Identification Number (UIN) on all documents submitted to our office.
- [ ] My parent(s)/stepparent received Supplemental Nutrition Assistance Program (Food Stamps) benefits in 2013 or 2014. You must attach documentation from the agency that issued the benefit to verify receipt. Include student’s name and University Identification Number (UIN) on all documents submitted to our office.

Section C – Student Signature

IMPORTANT: Return this original form to the Office of Financial Assistance. All documentation submitted with this form must:
1. Have legible copies made on 8 ½ x 11 paper.
2. Have UIN clearly printed within the boxes below.
3. Have all appropriate signatures.

I understand that new federal student aid loans can’t later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

Student Signature ___________________________ Date ________

ENTER YOUR 9-DIGIT UIN: 1516 SNAP-E B