

# SNAP Benefit Verification Form

## 2016–2017 Award Year

### Student Information

Student's Last Name

First Name

M.I.

T-Number

Street Address (include apt. no.)

Date of Birth

City

State

Zip Code

Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

### Supplemental Nutrition Assistance Program (SNAP) Benefit Verification

In 2014 or 2015, did you or anyone in your household receive **SNAP** Benefits?

☐

Yes

☐

No

### Certification and Signatures

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

If you are classified as a dependent student for financial aid purposes, at least one parent must sign this form. If married, the spouse's signature is optional.

Student's Signature

Date

Signature of Parent (Dependent Students Only)

Date

Signature of Spouse (Married Students Only)

Date

**Submit this worksheet to the SUU Financial Aid and Scholarship Office**  
**351 W University Blvd, Cedar City UT 84720 ♦ (435) 586-7735 (phone) ♦ (435) 586-7736 (fax)**

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