



SNAP Benefit Verification Form

2015–2016 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 2013 or 2014, 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)

Please make a copy of this worksheet for your records.

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