

# SNAP Benefit Verification Form

## 2020–2021 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 2018 or 2019, 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.