



## 2016-2017 Verification of SNAP Benefits (Independent)

SNAP-I

Please complete, sign and return to the Evergreen Financial Aid Office as soon as possible.

Name: \_\_\_\_\_ Evergreen ID A \_\_\_\_\_  
(print) Last First MI

The student certifies that \_\_\_\_\_, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's 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 the child's support from July 1, 2016, through June 30, 2017, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017.

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 2014 or 2015.



**Check this box ONLY if NO SNAP was received.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_