

2019-2020 Parent Supplemental Nutrition Assistance Program (SNAP) Verification Form

Your student's 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your student's FAFSA. To verify that the information is correct we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your student's FAFSA information may need to be corrected. The parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to the Alamance Community College financial aid office. Alamance Community College may ask for additional information. If you have

A. Student Information

Student's Last Name First Name M.I.

Student's Identification (ID) Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

B. Parent Supplemental Nutrition Assistance Program (SNAP) Information to Be Verified

1. Complete this section for the person in the student's household who received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2017 or 2018 calendar years.

The student/parent received SNAP benefits in 2017 or 2018. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2017 and/or 2018.

The student certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2017 or 2018. 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 parents.
- The student's or parents' children if the student or parent will provide more than half of their support from July 1, 2019, through June 30, 2020, even if the children do not live with the student/parent.
- Other people if they now live with the parent who provides more than half of their support and will continue to provide more than half of their support through June 30, 2020.

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 2017 or 2018.

Student's Name _____ Student's ID Number _____

C. Certifications and Signatures

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

The person signing below certifies that all of the information reported is complete and correct. One parent whose information was reported on the FAFSA must sign and date.

Parent's Signature

Date

***Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the financial aid administrator at your school.***

You should make a copy of this worksheet for your records.