

2014-2015



Financial Aid

FORM 50 - FFSOY

Financial Aid Office

5150 N. Maple Avenue, M/S JA 64
Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833
www.fresnostate.edu/studentaffairs/financialaid/

Supplemental Nutrition Assistance Programs (SNAP) Verification

STUDENT ID	STUDENT LAST NAME	STUDENT FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

On the FAFSA you answered yes to the question regarding receiving Supplemental Nutrition Assistance Program (SNAP) which needs to be verified. Please provide the required documentation requested for either 2012 or 2013.

Benefit Recipient Information

Name of person who received benefits: _____

Relationship to Student: _____

Year Benefits were received: 2012 2013

Please attach a copy of the letter from the County Office indicating the name of the person receiving Supplemental Nutrition Assistance Program (SNAP) and the monthly amount received either during 2012 or 2013.

Also acceptable is a print out of the amounts paid to you from the County Office for the year in question.

If no Supplemental Nutrition Assistance Program (SNAP) benefits were received in 2012 or 2013

I mistakenly answered yes to the Supplemental Nutrition Assistance Program question for 2012 or 2013. Please explain below:

CERTIFICATION & SIGNATURE(S)

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

Student Signature

Date

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

Parent 1 or Spouse Signature

Parent 2 Signature