

2015-2016



Financial Aid

FORM 10 - FFSDEY

Financial Aid Office

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Fresno, CA 93740-8026

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www.fresnostate.edu/studentaffairs/financialaid/

- DEPENDENT STUDENT -

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 or parent(s) answered yes to the question regarding receiving Supplemental Nutrition Assistance Program (SNAP) which needs to be verified. While in most cases no further documentation is needed to verify benefits received, you could still be asked for additional information or documents to verify benefits.

Benefit Recipient Information

Name of person who received benefits: _____

Relationship to Student: _____

Year Benefits were received: 2013 2014

If no Supplemental Nutrition Assistance Program (SNAP) benefits were received in 2013 or 2014, please indicate below.

I mistakenly answered yes to the Supplemental Nutrition Assistance Program question for 2013 or 2014.

Comment:

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 Signature

Parent 2 Signature