

2016-2017



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 application you, your spouse and/or parent(s) answered yes to the question regarding receiving Supplemental Nutrition Assistance Program (SNAP) benefits, 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 in student's household who received benefits: _____

Relationship to Student: _____

Year benefits were received: 2014 2015

If no Supplemental Nutrition Assistance Program (SNAP) benefits were received in 2014 or 2015, please check this statement:

I mistakenly answered yes to the Supplemental Nutrition Assistance Program question for 2014 or 2015.

CERTIFICATION & SIGNATURE(S)

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

Student Signature

Date

Parent 1 or Spouse (if married) Signature

Parent 2 Signature

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