

2019-2020



Financial Aid and Scholarships

FORM 50 - FFSEY

Financial Aid and Scholarships Office

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Fresno, CA 93740-8026

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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: 2017 2018

If no Supplemental Nutrition Assistance Program (SNAP) benefits were received in 2017 or 2018, please check this statement:

I mistakenly answered yes to the Supplemental Nutrition Assistance Program question for 2017 or 2018.

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.