

2014-2015

Dependent Verification of Supplemental Nutrition Assistance (SNAP) Benefits

Office use only: Date received_____ Staff Initials___

Student Financial Services – RM E118 1825 N Bluemound Dr/ PO BOX 2277 Appleton WI 54912 Ph: (920) 735-5650 * Fax (920) 735-5763

Email: financialaid@fvtc.edu

Student Name	Student ID
The parents certifies that a member of the parents' house Nutrition Assistance Program or SNAP (formerly known as 2012 or 2013. SNAP may be known by another name in so name used in a state, please call 1-800-4FED-AID (1-800-4	s the Food Stamp Program) sometime during ome states. For assistance in determining the
The <u>parents' household</u> includes:	
 The student. The parents (including a stepparent) even if the s The parents' other children if the parents will pro 1, 2014, through June 30, 2015, or if the other chinformation if they were completing a FAFSA for 3 of these standards even if the children do not live Other people if they now live with the parents an support and will continue to provide more than h 	ovide more than half of their support from July ildren would be required to provide parental 2014–2015. Include children who meet either with the parents.
Yes, SNAP benefits were received within the h	nousehold during 2012 and/or 2013.
No, SNAP benefits were not received within the	ne <u>household</u> during 2012 and/or 2013.
Parent Signature	Date