



**2016-2017 SNAP Benefits Verification**

Student's Name: \_\_\_\_\_ NU ID: \_\_\_\_\_

**Instructions:** In review of your application(s) for financial aid you have indicated the receipt of SNAP benefits for a member of your or your parents' household. Please complete either the dependent **OR** independent section below:

**Dependent Students** (You were required to provide your parent data on the FAFSA)

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

The parents certify that \_\_\_\_\_, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The parents' household includes:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017 academic year. Include children who meet either of these standards even if the children do not live with the parent.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

**Independent Students** (You were NOT required to provide your parent data on the FAFSA).

The student certifies that \_\_\_\_\_, a member of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- The student
- The student's spouse, if the student is married
- The student's or the spouse's children if the student or the spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or the spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Note: If Northeastern University SFS has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if dependent)

\_\_\_\_\_  
Date