2015 – 2016 SNAP Benefits Worksheet

Your 2015/2016 FAFSA has been selected for Verification. Please submit all requested documentation to the Financial Aid Office within 15 days of receiving this letter. The financial aid process will not continue until all documents have been received. If you have any questions, contact us as soon as possible so that your financial aid will not be delayed.

The student/parent certifies that ______________________________________________, a member of the student’s/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).

If you are a dependent student, your household includes:

- Yourself.
- Your parent(s), including a stepparent, even if you don’t live with your parent(s).
- Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2015 through June 30, 2015, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016 even if they do not live with your parent(s).
- Other people who live with your parent(s), if your parent(s) provide more than half of their support and will continue to provide at least half of their support through June 30, 2016.

If you are an independent student, your household include:

- Yourself.
- Your spouse, if you are married.
- Your/spouse’s children if you provide more than half of their support from July 1, 2015 through June 30, 2016 even if they do not live with you/spouse.
- Other people who now live with you, if you/spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

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

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

Student’s signature ________________________ Printed Name ________________________ CCCC Student ID# ________________________ Date ______

Parent’s signature (Required for dependent) ________________________ Date ______

Submit this worksheet to the CCCC Financial Aid Office.