



2016-2017 Supplemental Nutrition Assistance Program (SNAP) Worksheet

Due to federal regulations the Department of Education requires food stamps **received** to be verified.

This form is only required if you are selected for verification for the 2016-2017 year and food stamps were reported as received in 2014 or 2015 on the FAFSA. If you are unsure if you should complete this form, review your Simpson University student email account for verification notices or log into your WebAdvisor (webadvisor.simpsonu.org) account and select the My Documents page to see if this form is listed. Please return this form with the required documentation and any other needed verification documents.

INCOMPLETE FORMS WILL BE RETURNED TO YOU UNPROCESSED.

SUBMIT THIS FORM AND REQUIRED DOCUMENTATION TO:

Simpson University
Student Financial Services
2211 College View Dr
Redding CA 96003

Phone: (530) 226-4621
Fax: (530) 226-4855
financialaid@simpsonu.edu

Student Information

Name (First, MI, Last): _____ Student ID#: _____
Street: _____ City: _____ State: _____ Zip: _____
Cell Phone #: _____ Email: _____

Food Stamps Received in 2014 or 2015

Supplemental Nutrition Assistance Program (SNAP) is the new name for food stamps. SNAP or food stamps may have a different name in your state, see <http://www.fns.usda.gov/snap/roll-out/state-chart.pdf> for state specific names.

In 2014 or 2015, did you, your spouse, your parent(s) or anyone in your parent(s)' household (as reported on the FAFSA) receive benefits under the Supplemental Nutrition Assistance Program (SNAP)?

No Yes

If you answered "yes" above, please list the name of the agency that provided those benefits below.

Certification Statement

I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge.

Student Signature* Date

Spouse Signature (if applicable) * Date

Parent Signature (if dependent)* Date

For office use only
VP Group: _____