VERIFICATION OF SNAP BENEFITS

Name ___________________________ Student ID ___________________________

_____________________________________  ______________________________________

Email ___________________________ Phone ___________________________

Did you (the student), your spouse, or the parent(s) of a dependent student receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) at any time during calendar years 2011 or 2012?

☐ YES  ☐ NO

If yes, who received the benefits? ____________________________________________

(name)

NOTE: The financial aid office may ask for proof of SNAP benefits.

Read carefully before you sign:

I hereby certify that all information contained in this document is true and correct to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for federal, state, and institutional student aid will be jeopardized. I authorize the University of Alaska Fairbanks to verify any information provided by me in this document and any other information pertaining to my financial aid eligibility.

Note: Federal regulations stipulate that suspicion of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General.

_______________________________________________   ________________________
Student Signature        Date

_______________________________________________   _________________________
Parent Signature (required for DEPENDENT students)   Date