Please check the box below if no one in the student's household (as defined in the statements above) received benefits from a SNAP program.

☑️ No one in the student's household received SNAP benefits in 2013 or 2014. (STOP! IF you checked this box, you do NOT need to fill out the rest of this form – Sign and date the bottom and turn it in to the Financial Aid Office.)

INDEPENDENT STUDENT

You have indicated on your 2015-2016 Free Application for Federal Student Aid (FAFSA) that in 2013 or 2014 you (or your spouse) or anyone in your household (from FAFSA question 98) received benefits from the Supplemental Nutrition Assistance Program (SNAP).

DEPENDENT STUDENT

You have indicated on your 2015-2016 FAFSA that in 2013 or 2014 you or your parent(s) or anyone in your household (from FAFSA question 76) received benefits from the SNAP program.

Complete this section if anyone in your household (as described above) received SNAP benefits in 2013 or 2014.

<table>
<thead>
<tr>
<th>Name of Person Receiving SNAP Benefits</th>
<th>Name(s) of Persons Benefits Were Received for and Age(s)</th>
<th>Combined Monthly Amount Received</th>
<th>Year(s) Benefits were Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Smith (example)</td>
<td>Chris Smith</td>
<td>$250</td>
<td>2013 &amp; 2014</td>
</tr>
</tbody>
</table>

By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to $20,000, sent to prison, or both.

Student Signature______________________________________________________ Date____________________

Parent Signature______________________________________________________ Date____________________

(Parent signature is required for DEPENDENT students only)