



Umpqua Community College
 Financial Aid Office
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4602 | 541.440.4612 (FAX)
 FinancialAid@umpqua.edu

**2016-2017
 SNAP**

Student Name _____ Student ID _____

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 2014 or 2015. (STOP! IF you checked this box, you do NOT need to complete 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 2016-2017 Free Application for Federal Student Aid (FAFSA) that in 2014 or 2015 you and/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 2016-2017 FAFSA that in 2014 or 2015 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 2014 or 2015.

Name of Person Receiving SNAP Benefits	Name(s) of Persons Benefits Were Received for and Age(s)	Combined Monthly Amount Received	Year(s) Benefits were Received
<i>Marty Smith (example)</i>	<i>Chris Smith 17 yrs.</i>	<i>\$250</i>	<i>2014 & 2015</i>

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 _____ <i>(Parent signature is required for DEPENDENT students only)</i>	Date _____