

# STUDENT FINANCIAL SERVICES

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## 2015 - 2016 INDEPENDENT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) VERIFICATION FORM

STUDENT NAME: \_\_\_\_\_ SPU ID: \_\_\_\_\_

You indicated on your 2015 – 2016 Free Application for Federal Student Aid (FAFSA) that someone in your household received benefits from the Supplemental Nutrition Assistance Program, or SNAP (formerly known as Food Stamps), in 2013 or 2014.

**Please list the name of the person/people in your household who received SNAP benefits in 2013 or 2014. Also list their relationship to you, the FAFSA applicant:**

Name	Relationship to FAFSA Applicant

**By signing this Verification Statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_