STUDENT **FINANCIAL SERVICES**
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Seattle Pacific UNIVERSITY

2018 - 2019 DEPENDENT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) VERIFICATION FORM

STUDENT NAME: _____ SPU ID: _____

You indicated on your 2018 – 2019 Free Application for Federal Student Aid (FAFSA) that someone in your parent's household received benefits from the Supplemental Nutrition Assistance Program, or SNAP (formerly known as Food Stamps), in 2018 or 2019.

Please list the name of the person/people in your parent's household who received SNAP benefits in 2018 or 2019. Also list their relationship to the FAFSA applicant:

Name	**Relationship to FAFSA Applicant**

By signing this Verification Statement, we attest that all information reported on this form is true and complete to the best of our knowledge. If asked, we 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.

Student Signature	Date	Phone	Email

Parent Signature	Date	Phone	Email