



Please complete in blue or black ink.
Typed/electronic signatures will not be
accepted.

Student Financial Services

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SPU.EDU/SFS

2020 - 2021 DEPENDENT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(SNAP) VERIFICATION FORM

STUDENT NAME: _____ SPU ID: _____

You indicated on your 2020 – 2021 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:

Table with 2 columns: Name, Relationship to FAFSA Applicant. Multiple empty rows for data entry.

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