



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

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-info@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

2020 - 2021 INDEPENDENT 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 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 household who received SNAP benefits in
2018 or 2019. Also list their relationship to you, the FAFSA applicant:

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

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.

Student Signature Date Phone Email