Independent Student SNAP Benefits Received

Please Use Black or Blue Ink

Student Name: _____________________________________________

OSU Banner ID ("A" plus 8 digits)

A _____________________________________________

Your application was selected for review, or “verification.” We cannot determine aid eligibility or disburse funds until all requested documents are received and reviewed. In some cases, we must submit changes in information to the U.S. Department of Education (FAFSA processor); at that time, you will receive communication from our office as well as a Student Aid Report from the FAFSA processor.

In 2014 or 2015, did you or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP/food stamps)? SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243). Your household includes:

1) Yourself;
2) Your spouse, if you are married;
3) Your children or your spouse’s children if you or your spouse will provide more than half of their support from July 1, 2016 through June 30, 2017, even if the child does not live with you; and;
4) Other people if now they live with you, you or your spouse provide more than half of their support, and you or your spouse will continue to provide more than half of their support from July 1, 2016, through June 30, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

Do not leave the answer blank. Check either “Yes” or “No.”

<table>
<thead>
<tr>
<th>Received Benefits in Calendar Year 2014 or 2015?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP/food stamps)</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Certification/Signature:

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student’s Signature (electronic signature not acceptable) __________________ Date ________________

Please return to:
Office of Scholarships and Financial Aid
119 Student Union
Stillwater, OK  74078-5061
Email: finaid@okstate.edu
Phone: (405) 744-6604
http://financialaid.okstate.edu
FAX#: (405) 744-6438
(If you fax this form, please don’t mail it)