

Martin University
Financial Aid Office
2016-17 Verification of Receipt of SNAP (Food Stamps)

Your FAFSA was selected by the federal processor for verification of SNAP benefits. Formerly known as "Food Stamps," SNAP is the Supplemental Nutrition Assistance Program and may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-433-3243.

Student's Name _____ Student ID _____

If you are a Dependent student, this form pertains to your parent's household which includes:

- You, the student.
- Your parents (including a stepparent) even if you don't live with your parents.
- Your parents' other children if they will provide more than half of their support from July 1, 2016 through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-17. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

If you are an Independent Student, this form pertains to your household which includes:

- You, the student.
- Your spouse, if you are married.
- You 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 children do not live with the student.
- Other people if they now live with you and your spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Check the applicable box:

Did at least one member of your household as defined above **Receive** SNAP benefits in 2015 or 2016?

Yes No

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 issues the SNAP benefits in 2015 or 2016.

Certification and Signature

Each person signing below certifies that all of the information reported is complete and accurate.

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| Warning: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both. |
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Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Student's signature is required for all. Parent's signature is required only for dependent students.

Send Completed form to:

Martin University
Financial Aid Office
2171 Avondale Place
Indianapolis, IN 46218