2016-2017 SNAP Verification Form

STUDENT INFORMATION

Student’s Name ___________________________________________   Date of Birth _______________
Amherst ID Number: ________________________     Phone number__________________________

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS—CALENDAR YEARS 2014 and 2015
The parent(s) certifies that a member of the parent’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. (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).

The parent’s household includes:

- The student.
- The parent(s), including a stepparent, even if the student does not live with the parent(s).
- The parent’s other children if the parent(s) 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 2016–2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support 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.

☐ I confirm that SNAP benefits were received in the student’s household during 2014 or 2015 as reported on the FAFSA.

☐ No SNAP benefits were received in the student’s household during 2014 or 2015. Please make a correction to my 2016-2017 FAFSA.

CERTIFICATION AND AUTHORIZATION
I declare that the information on this form is true, correct, and complete. Amherst College has our permission to verify the information reported by obtaining documentation as needed. (The student and at least one parent must sign).

Student Signature ___________________________________________   Date _______________
Parent/Spouse Signature ___________________________________________   Date _______________

Please return to:
Office of Financial Aid
B-5 Converse Hall
Box 5000
Amherst, MA  01002-5000
(413) 542-2628 fax
finaid@amherst.edu