Your application has been selected for verification of your SNAP Benefits. Your financial aid award will not be finalized or funds disbursed until this verification is complete.

A. Student Information

Last Name     First Name     MI     Phone Number     Crowder ID #

B. SNAP Verification

**Dependent Student household includes:**
The student, parents/stepparents even if the student doesn’t live with parents, the parents’ other children if the parent will provide more than half of their support between July 1, 2015 and June 30, 2016 or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016, and other people if they now live with the parents and the parent provides more than half of their support and will continue to provide more than half of their support between July 1, 2015 and June 30, 2016.

**Independent Student household includes:**
The Student, spouse if student is married, the student’s or spouse’s children if the student or spouse will provide more than half of their support between July 1, 2015 and June 30, 2016 even if the children do not live with the student, and other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support between July 1, 2015 and June 20, 2016.

Has anyone in the household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) any time during the 2013 or 2014 calendar years.

Yes [ ] No [ ] ***DO NOT LEAVE BLANK. A BOX MUST BE SELECTED.

Certification

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. If dependent, the student and at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student’s Signature ___________________________ Date _____________

Parent’s Signature (Dependent Students Only) ___________________________ Date _____________

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 2013 or 2014.

STOP: DID YOU FULLY COMPLETE THIS FORM? DID YOU SIGN THIS FORM?
WE ARE UNABLE TO PROCESS ANY INCOMPLETE OR UNSIGNED FORMS. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CALL 417-455-5678 OR 417-455-5419.