

Student's Name _____ Adelphi ID# _____

**2016-2017
Receipt of SNAP Benefits
Independent Student**

The student certifies that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) 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 1-800-4-FED-AID (1-800-433-3243).

Members of the student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the child's support from July 1, 2016, through June 30, 2017, even if the child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of that person's 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.

Certification and Signatures

The person signing this worksheet certifies that all of the information on it is complete and correct. Electronic corrections to your FAFSA may be made by our office if there are discrepancies between the information on this form and the data you filed on your FAFSA. The student must sign and date this form.

Student's Signature _____ Date _____