



Solano Community College
Office of Financial Aid

SNAP Food Stamps Proof - 2013-2014

Student Last Name, First Name, M.I.

SCC ID #

Address (include apt. no.)

Date of Birth

City, State ZIP Code

Phone Number (include area code)

Complete this form if the student or someone included in the student's household on the FAFSA received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) any time during the 2011 or 2012 calendar years.

Please mark one:

☐

An error was made on my FAFSA, no one in my household received SNAP benefits in 2011 or 2012

☐

The student or someone included in the student household on the FAFSA received SNAP benefits in 2011 or 2012. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2011 and/or 2012

☐

A copy of my SNAP award documentation from the agency that issued SNAP benefits is attached.

Name of person who received SNAP benefits in 2011 or 2012	List student or relationship to the student

WARNING: If you purposely give false or misleading information on this worksheet, you will be reported to the Department of Education. You may be fined, sentenced to jail, or both.

BY SIGNING THIS FORM, I CERTIFY THAT ALL THE INFORMATION REPORTED ON THIS FORM IS TRUE AND ACCURATE.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(Needed only if the student is dependent on the FAFSA)