Office of Financial Aid/Scholarship
500 Sparks Hall
Murray, KY 42071-3312
msu.sfa@murraystate.edu
P: 800-272-4MSU ext 3 P: 270-809-2546 F: 270-809-3116

2012-2013 Food Stamp/SNAP Verification

(Supplemental Nutrition Assistance Program-SNAP)

Student Name: _____ Student M#: _____

On your Free Application for Federal Student Aid (FAFSA), it was indicated you and your spouse (if applicable), you and your parent(s), or a member of your household received Food Stamps/SNAP food benefits during the 2010 and/or 2011 calendar year.

As part of the federal verification process, the Office of Financial Aid/Scholarship must obtain verification that you qualified and received assistance from the benefit.

Food Stamps/SNAP may have a different name per each individual state. Please visit the website listed for state specific names if questions. **http://www.fns.usda.gov/snap/roll-out/state-chart.pdf**

Please check appropriately

- ☐ The student (and spouse, if applicable) received Food Stamps/SNAP benefits during 2010 and/or 2011.
- ☐ The parent(s) received Food Stamps/SNAP benefits during 2010 and/or 2011.
- ☐ The student (and spouse, if applicable) did not receive Food Stamps/SNAP benefits during 2010 and/or 2011.
- ☐ The parent(s) did not receive Food Stamps/SNAP benefits during 2010 and/or 2011.
- ☐ Another member of the household received Food Stamps/SNAP benefits during 2010 and/or 2011.

Recipients Name _____

Relationship to Student _____

You must sign below certifying the accuracy of the information provided on this form.
If married, spouse signature is optional.

If you provided parental information on the Free Application for Federal Student Aid (FAFSA), a parent must also sign below certifying the accuracy of the information provided on this form.

Warning: If you purposely give false or misleading information on this form, you may be fined, sentences to jail, or both.
Each person signing this form certifies that all information is complete and accurate.

_____

Student Signature ***Date***

_____

Spouse / Parent Signature ***Date***