



2020-21 Verification of Receipt of SNAP (Food Stamps)

Your FAFSA was selected by the federal processor for verification of SNAP Benefits. Formerly known as "Food Stamps," SNAP is the Supplemental Nutrition Assistance Program and may be known by another name in some states. For assistance in determining the name used in a state, call 1-800-433-3243.

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_

If you are a Dependent student, this form pertains to your parent's household which includes:

- You, the student.
Your parents (including a stepparent) even if you don't live with your parents.
Your parents' other children if they will provide more than half of their support from July 1, 2020 through June 30, 2021, or if the other children would be required to provide parental information if they were completing a FAFSA for 2020-21.
Other people if they live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

If you are an Independent Student, this form pertains to your household which includes:

- You, the student.
Your spouse, if you are married.
Your or your spouse's children if you or your spouse will provide more than half of their support from July 1, 2020 through June 30, 2021, even if the children do not live with the student.
Other people if they now live with you and your spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2021.

Check the applicable box:

- I/We certify that at least one member of our household as defined above received benefits from SNAP sometime during 2017 or 2018.
I/We certify that at least one member of our household as defined above did not receive benefits from SNAP sometime during 2017 or 2018.

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 issues the SNAP benefits in 2017 or 2018.

Certification and Signature

Each person signing below certifies that all of the information reported is complete and accurate. Warning: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Forward completed form to:
Carlow University
Financial Aid Office
3333 Fifth Avenue
Pittsburgh, PA 15213
finaid@carlow.edu
FAX 412-578-6689