Office of Financial Aid

2014/15 Food Stamps/SNAP Verification Worksheet

On your Free Application for Federal Student Aid (FAFSA) you indicated that you or a member(s) of your household received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during the 2012 or 2013 calendar years (January 1, 2012 – December 31, 2013). As part of the verification process we need to confirm that you received this benefit. This form must be completed and returned to the Financial Aid and Veterans Affairs Office within (10) business days. We cannot continue processing your request for financial aid until this information is received. If you have any questions, contact the office at financialaid@easternct.edu or by calling (860) 465-5205. A member of the client services staff will assist you.

Student: ___________________________________________  Eastern ID: __________________________

Please Check the Box that Applies:

☐ I (the student) or my spouse (if married) received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during the 2012 or 2013 calendar year January 1, 2012 – December 31, 2013.

☐ My Parent(s) received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during the 2012 or 2013 calendar year January 1, 2013 – December 31, 2013 (Dependent students only).

☐ Neither I, my spouse (if married), nor my parents’ (if you’re a dependent student) received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during the 2012 or 2013 calendar year January 1, 2012 – December 31, 2013.

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 2012 or 2013.

Sign this Worksheet

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

_________________________________________________  __________________________________________________
Student’s Printed Name      Student Signature                        Date

_________________________________________________  __________________________________________________
Printed Parent Name (Required for Dependent Student)  Parent Signature (Required for Dependent Student)        Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.