

Cape Fear Community College

Student Name: _____ Student ID: _____

Receipt of SNAP Benefits (Dependent Student)

The parents certify that _____, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2015 or 2016. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The parents' household includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other persons if they now live with the parents and the parents provide more than half of the other 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 not accurate, we may require documentation from the agency that issued the SNAP benefits in 2015 or 2016.

Cape Fear Community College

Certification and Signatures

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Each person signing below certifies that all of the Information reported is complete and correct.

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

Student's Last Name First Name M.I.

Student's Social Security Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip

Student's Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

Student's Signature

Date

Parent's Signature

Date