

Cape Fear Community College

Student Name: _____ Student ID: _____

Receipt of SNAP Benefits (Independent Student)

The student certifies that _____, a member of the student's 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 student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other persons if they now live with the student and the student or spouse provides 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