

Hudson County Community College  
**Office of Student Financial Assistance**  
70 Sip Avenue Jersey City, NJ 07306  
Tel No. (201)360-4200 Email: [financial\\_aid@hccc.edu](mailto:financial_aid@hccc.edu)

**2015-2016 VERIFICATION OF FOOD STAMPS (NJ SNAP) WORKSHEET**  
**Dependent Student**

On the Free Application for Federal Student Aid (FAFSA), you indicated that a member of your household received Food Stamps during either 2013 and/or 2014. You have been selected for verification; therefore, this Office must obtain documentation verifying the receipt of these benefits.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Last First MI

**Did you or a member of your household receive Food Stamps in 2013 and/or 2014?**

- ☐ No. Please sign and submit this form to the Financial Aid Office. We will update your FAFSA to correct this information.
- ☐ Yes. Please complete the information below, **sign this form**, **attach proof of benefits received**, and **return to the Office of Student Financial Assistance**

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, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards even if the children do not live with the parents.
- ✓ Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2016.

Please complete the following information for the person in your household receiving Food Stamp benefits. If you are the one receiving benefits, please indicate "self" in *Relationship to Student*.

Name of Recipient	Age	Relationship to Student
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Street Address	Phone Number	
<hr/>		City
State	Zip	County

**You must also attach proof of the receipt of these benefits. If you do not have a letter from the county agency which handles the case, you can contact the agency for a copy of the benefit information. The statement you provide must show that the benefits were received in 2013 and/or 2014. For more information, please visit the State of New Jersey Department of Human Services: <http://www.nj.gov/humanservices/dfd/programs/foodstamps/>.**

Student Signature

Date