

EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Office of Financial Aid 2016- 2017 Food Stamps/SNAP Verification Worksheet

PURPOSE

On your FAFSA you indicated that you or a member(s) of your Supplemental Nutrition Assistance Program (SNAP) during the 31, 2015). As part of the verification process, we need to confi	e 2014 or 2015 calendar years (January 1, 2014 – Dec	
INSTRUCTIONS This form must be completed and returned to the Financial Aid processing your request for financial aid until this information is)
A. Student Information		
Name:	Eastern ID:	
B. Verification of Benefits Received: Please Check	the Box that Applies:	
I (the student) or my spouse (if married) received For Assistance Program (SNAP) during the 2014 or 2015 c		
My Parent(s) received Food Stamps or participated in during the 2014 or 2015 calendar years from January 1		
Neither I, my spouse (if married), nor my parents' (if participated in the Supplemental Nutrition Assistance from January 1, 2014 – December 31, 2015.		
Note: If we have reason to believe that the information remay require documentation from the agency that issued		ate, we
C. Sign this Worksheet		
Certification and Signatures	WARNING: If you purposely give false or misleading	
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.	information on this worksheet, you may be fined, be sentenced to jail, or both.	
Student's Printed Name	Student Signature	Date
Printed Parent Name (Required for Dependent Student)	Parent Signature (Required for Dependent Student)	Date