



SNAP BENEFITS RECEIVED FORM

Student's Name: _____

UCFID: _____

Address: _____

Date: _____

City: _____

State/Zip: _____

You reported on your 2015-2016 FAFSA that someone in your household received Supplemental Nutritional Assistance Program (SNAP), formerly known as Food Stamps, benefits in 2013 or 2014.

Please confirm:

2013 YES ☐ NO ☐

2014 YES ☐ NO ☐

Please provide documentation from the agency that issues these benefits showing that benefits were received during the calendar year of 2013 or 2014 and **attached it to this form**.

If this was reported in error on your 2015-2016 FAFSA, please explain:

****You need to provide your parent's signature if their information was required on 2015-2016 FAFSA.**

Student's Signature**Date**

Parent's Signature**Date**