

RETURN TO FINANCIAL AID OFFICE:



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

2016-2017
RECEIPT OF SNAP BENEFITS
(DEPENDENT)
FFBA02

STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID#
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By signing this document, the parent certifies that at least one member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states (CalFresh). 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 people if they now live with the parents and the parents provide more than half of their 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 inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

CERTIFICATION AND SIGNATURES

Each person signing this form certifies that all the information reported is complete and correct. *The student and at least one parent must sign and date.*

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

Student: _____

Date: _____

Parent: _____

Date: _____

Print Parent Name: _____