

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review. The law requires that before finalizing your financial aid application, you must confirm the information you reported on your FAFSA. To verify that you provided correct information, you must complete this form and forward it to the University of Rhode Island so that we can compare your FAFSA with the information on this worksheet. Please complete this form carefully as missing or incomplete information will delay URI from finalizing your financial aid application. If there are differences, your FAFSA information will be corrected by URI.

You must complete and sign this worksheet, attach any required documents, and submit all information to the address provided on the right.

Send Completed Form To:

University of Rhode Island
Enrollment Services Green Hall
6 Rhody Ram Way
Kingston, RI 02881 USA

Phone: (401) 874-9500

Fax: (401) 874-2002

Website: web.uri.edu/enrollment

Has 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 2014 or 2015? (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).

Please note that 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 their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Yes – The student certifies that _____, a member of the student's household, received SNAP benefits in 2014 or 2015. Please submit documentation from the agency

No – No members of the student's household received SNAP benefits in 2014 or 2015.

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

Each person signing below certifies that all of the information reported is complete and correct.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date