DEPENDENT VERIFICATION OF FOOD STAMPS

Student Name: __________________________________        ID Number: __________________

Your 2014-2015 FAFSA indicates that someone in your parent(s)’ household received food stamps during the 2012 or 2013 calendar years. Note: Student is a member of parent(s)’ household.

This form must be completed and returned to the SCC Financial Aid Office.

_____ Check here if your parent or anyone in your parent(s)’ household did not receive food stamps at any time during the 2012 or 2013 calendar years.

_____ Check here if your parent or someone in your parent(s)’ household did receive food stamps some time during the 2012 or 2013 calendar years. If so, list the household members who received these benefits:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

I certify that the above information is true and accurate to the best of my knowledge.

_______________________________   ________________________
Student Signature                  Date

_______________________________   ________________________
Parent Signature                   Date

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

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