INDEPENDENT VERIFICATION OF FOOD STAMPS

Student Name: ___________________________ ID Number: __________________

Your 2014-2015 FAFSA indicates that someone in your household received food stamps during the 2012 or 2013 calendar years.

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

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

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

__________________________________________________________

________________________________________

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__________________________________________________________

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

__________________________

Student Signature

__________________________

Date

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