DEPENDENT VERIFICATION OF FOOD STAMPS

Student Name: ____________________________  ID Number: ____________________

Your 2015-2016 FAFSA indicates that someone in your parent(s)’ household received food stamps during the 2013 or 2014 calendar years. Note: Student is a member of parent(s)’ household.

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

Option 1. DID NOT receive Food Stamps

☐ Check here if your parent or anyone in your parent(s)’ household did not receive food stamps at any time during the 2013 or 2014 calendar years.

Option 2. DID receive Food Stamps

☐ Check here if your parent or someone in your parent(s)’ household did receive food stamps some time during the 2013 or 2014 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.