INDEPENDENT VERIFICATION OF FOOD STAMPS

Student Name: __________________________________        ID Number: __________________

Your 2015-2016 FAFSA indicates that someone in your household received food stamps during the 2013 or 2014 calendar years.

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

Option 1. DID NOT receive Food Stamps

☐ Check here if you or anyone in your 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 you or someone in your 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

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