Instructions:
Your FAFSA was selected to verify whether or not you or a member of the household received SNAP (Supplemental Nutrition Assistance Program) benefits sometime during the calendar years of 2011 or 2012.
If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2011 or in 2012.

A. Student Information

Student Name: _______________________________  UTHSC ID Number: _______________________

E-mail Address: _______________________________  Phone: _______________________________

B. Receipt of SNAP Benefits

As an independent student, the student household includes:
1. Student
2. Student's spouse, if married.
3. Student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2013, through June 30, 2014.
4. 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, 2014.

As a dependent student, the student household includes:
1. Student
2. Your parents. Include stepparent, if the parent on the FAFSA has remarried.
3. Your parent's other children, if your parents provide more than half of their support from July 1, 2013 through June 30, 2014.
4. Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2014.

Did you, your parents, or anyone in your household, as described above, receive SNAP Benefits in the calendar years of 2011 or 2012?

____ Yes  ____ No

C. Certification and Signatures (Parent signature not required for dependent students.)

I hereby certify that all statements and information provided on the worksheet are true, complete, and correct to the best of my knowledge. If asked by authorized official, I agree to give proof of the information that I have given on this worksheet. I understand it is a federal crime to purposefully give false or misleading information on this worksheet, which may be subject to a fine, imprisonment, or both.

Student Signature: _______________________________  Date: _______________________

Parent Signature:  _______________________________  Date: _______________________

RECEIPT OF SNAP BENEFITS

UTHSC Financial Aid Office 910 Madison Avenue, Suite 520 Memphis, TN 38163 Main: 901.448.5568 Fax: 901.448.1570

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