



**Certification of Receipt of SNAP Benefits in 2013 or 2014
(2015 – 2016 Academic Year)**

Your FAFSA was selected for Verification of **SNAP Benefits** by the Department of Education. You or your parent, depending on your dependency status, must review, complete, and sign this certification and return it to MECC’s Financial Aid Office along with any other requested documents if applicable.

Student Name: _____ **Student ID / SSN:** _____

Dependency Status:

- Select one: I am a dependent student – Parent must complete certification section.
 I am an independent student – You, the student, must complete the certification section

Certification Section

I (print name), _____, certify that a member of my household* received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during **2013 or 2014**.

*Who are the members of your household?	
Independent Student	Dependent Student
<ul style="list-style-type: none"> ▪ You the student. ▪ Your spouse, if you are married. ▪ You or your spouse’s children if you or your spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with the student. ▪ Other people if they now live with you and you or your spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016. 	<ul style="list-style-type: none"> ▪ The student. ▪ The parents (including a stepparent) even if the student doesn’t live with the parents. ▪ The parents’ other children if the parents will provide more than half of their support from July 1, 2015 through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards even if the children do not live with the parents. ▪ Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Note: 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 2013 or 2014.

Student’s Signature: _____ **Date:** _____

Parent’s Signature: _____ **Date:** _____
(if a Dependent Student)

Please return your completed form to the office indicated above.