

**Please return this form to:**

Wilmington College 937.382.6661
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 Wilmington, OH 45177 sos@wilmington.edu
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2018-19 INDEPENDENT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) VERIFICATION**SECTION A: STUDENT INFORMATION**

STUDENT NAME: _____ STUDENT ID: _____

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. It was indicated on the FAFSA that a member in your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2016 or 2017. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

PLEASE NOTE:

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

SECTION B: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

THE INSTRUCTIONS BELOW APPLY TO EACH HOUSEHOLD MEMBER AS REPORTED ON THE FAFSA.

1. DID ANY MEMBER OF YOUR FAMILY RECEIVE BENEFITS FROM THE SNAP (OR "FOOD STAMP") PROGRAM IN 2016 OR 2017?AN ANSWER
IS REQUIRED No

I nor any other family member received SNAP ("Food Stamp") benefits.
I answered the question in error. Please update my FAFSA accordingly.

 YES

ATTACHED is documentation from the Department of Job & Family Services
 that verifies receipt of SNAP benefits during 2016 and/or 2017.

2. PLEASE INDICATE BELOW WHICH FAMILY MEMBER(S) RECEIVED SNAP BENEFITS DURING 2016 OR 2017. YES NO**MYSELF (STUDENT).** YES NO**MY SPOUSE (IF MARRIED).** YES NO

YOUR (OR YOUR SPOUSE'S) CHILDREN if you (or your spouse) will provide more than half
 of their support from July 1, 2018 to June 30, 2019 even if the children do not live with
 you.

If Yes, name of recipient: _____ YES NO

OTHER PEOPLE if they now live with you **and** you (or your spouse) provide more than half of
 their support and will continue to provide more than half of their support through June 30, 2019.

If Yes, name of recipient: _____**SECTION C: CERTIFICATION**

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

STUDENT SIGNATURE: _____

DATE: _____

SPOUSE'S SIGNATURE: _____

DATE: _____