



Please return this form to:  
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## 2020-2021 DEPENDENT 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 parent(s) household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2018 or 2019. 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 [INCLUDING PARENT(S)] AS REPORTED ON THE FAFSA.

1. DID ANY MEMBER OF YOUR FAMILY RECEIVE BENEFITS FROM THE SNAP (OR "FOOD STAMP") PROGRAM IN 2018 OR 2019?



- No I nor any other family member received SNAP ("Food Stamp") benefits. I answered the questions 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 2018 or 2019.

2. PLEASE INDICATE BELOW WHICH FAMILY MEMBER(S) RECEIVED SNAP BENEFITS DURING 2018 OR 2019.

YES  NO MYSELF (STUDENT).

YES  NO MY PARENT(S) / STEP-PARENT(S).  
 If  Yes, name of recipient(s): \_\_\_\_\_

YES  NO YOUR PARENT(S)' OTHER CHILDREN. Include children who meet either of these standards even if the children do not live with your parent(s).  
 ⇒ Your parent(s) will provide more than half of their support from July 1, 2020 to June 30, 2021.  
 ⇒ The other children would be required to provide parental information if they were completing a FAFSA for 2020-2021.  
 If  Yes, name of recipient: \_\_\_\_\_

YES  NO OTHER PEOPLE if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.  
 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: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_