

2016-2017 Verification Worksheet

DEPENDENT **SNAP**

Student: _____

Complete the item below. Please read through all of the information before providing answers, signatures, or documentation. Once you have completed this worksheet return it to the Financial Aid Office at Bridgerland Applied Technology College (BATC) along with the Dependent Student Certification & Signature page and any other items you are required to complete.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

You (the student) indicated that someone in your household received Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) benefits sometime during 2014 or 2015. *SNAP may be known by another name in some states or continue to be known as the state's Food Stamp Program. For assistance in determining the name used in your state, please call 1-800-4FED-AID (1-800-433-3243).*

Your household includes:

- Yourself (the student)
- Your parents (including a stepparent) even if you don't live with the parent
- Your parents other children if the parent will provide more than half of their support from July 1, 2016 through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parent.
- Other people if they now live with the parent and the parent provides more than half of their support and will continue to provide more than half their support through June 30, 2017

- ☐ **Yes** I certify that a member of my household received SNAP benefits sometime during 2014 or 2015.
- ☐ **No** No one in my household received SNAP benefits in 2014 or 2015.

Note: Documentation from the agency that issued the SNAP benefits may be required.