

SETON HALL UNIVERSITY

2013-2014 Supplemental Nutrition Assistance Program (SNAP) (V2) Worksheet

DEPENDENT

Your financial aid application has been selected for a process called "Verification." Upon completion of this review, we will send corrections as needed to the Office of Federal Student Aid. Subsequently, an update of your financial aid awards will be forwarded to you. All students will be able to view their final awards on the Student Self-Service system. **Additionally, please note that all documentation must be submitted before October 1, 2013 for consideration of any Institutional Grant Funding. Exceptions to this date will not be considered.**

Student Name: _____ SHUID: _____ SS# _____
(Please print) Last First MI

Address: _____
Street City State Zip

Home Phone: (____) _____ Cellular Phone: (____) _____

Receipt of Supplemental Nutrition Assistance Program (SNAP) Benefits

The parents certify that a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2011 or 2012.

YES

NO

The parents' household includes:

- 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, 2013, through June 30, 2014, or if the other children would be required to provide parental information if they were completing a FAFSA for 2013–2014. 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, 2014.

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 2011 or 2012. 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).

SECTION D: CERTIFICATION AND SIGNATURES

I give permission to the Office of Financial Aid to verify any additional information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____