2016–2017 Verification of SNAP Benefits Received

Student Name ___________________________ Luther ID ___________________________

1. The student certifies that ____________________________________________, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. 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).

2. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent (if parental information is required on the FAFSA) must sign and date.

______________________________________________                 _____________________________
Student’s Signature        Date

______________________________________________        _____________________________
Parent’s Signature        Date
(if parental information is required on the FAFSA)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the Luther College Financial Aid Office.

You should make a copy of this worksheet for your records.