CENTRAL PIEDMONT COMMUNITY COLLEGE

Dependent SNAP Verification

Student Name _____ **Student ID #** _____
Last **First** **MI**

Telephone (_____) _____ **Email** _____

On your FAFSA, you or your parent indicated someone in the household received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits during one or both of the last two years. As part of the verification process, you must provide documentation of receipt of these benefits. Please check one:

☐ No one in our household received Food Stamps, Food & Nutrition Services or Supplemental Nutrition Assistance (SNAP) benefits during either of the last two years.

☐ I 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 of the last two years. SNAP may be known by another name in some states.

Year or years received: _____

The parents' household includes:

- Yourself (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 the children's support from July 1st of this year through June 30th of next year, or if the other children would be required to provide parental information if they were completing a FAFSA. 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 the other people's support and will continue to provide more than half of their support through June 30th of next year.

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.

Certification Statement:
By signing this form, I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate.

Student's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.

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