CENTRAL PIEDMONT COMMUNITY COLLEGE

Independent SNAP Verification

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

Telephone (_____) _____ **Email** _____

On your FAFSA, you indicated that you or your spouse received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits during the last two years. As part of the verification process, you must provide documentation that you received this benefit. Please check **one** of the boxes below:

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

☐ I certify that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during the last two years. SNAP may be known by another name in some states.

Year or years received: 2012

The student's household includes:

- Yourself (the student).
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1st of this year through June 30th of the upcoming year or if the child would be required to provide your information if they were completing a FAFSA for this school year. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you 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 the upcoming 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: _____

Spouse's 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.

PRINT