

**Student Information** *(Please Print)*

Student's Last Name	Student's First Name	Student's M.I.	Student's CPCC Student ID#
Student's Street Address (include apt. no.)			Student's CPCC Email Address
City	State	Zip Code	Student's Telephone # <i>(include area code)</i>

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

On your FAFSA, you indicated 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 may be asked to provide documentation of receipt of these benefits. 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. Note: SNAP may be known by another name in some states.

**Which year or years were the benefits received? Please check one: 2017, 2018, 2017 & 2018**

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 1<sup>st</sup> of this year through June 30<sup>th</sup> 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 their support** and will continue to provide more than half of their support from July 1<sup>st</sup> of this year through June 30<sup>th</sup> of the upcoming year.

**Note:** If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we will require documentation from the agency that issued the SNAP benefits.

**Certification and Signature**

**Please provide your signature. By providing your signature, you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.**

**Student Signature:**

**Date:**