CENTRAL PIEDMONT
COMMUNITY COLLEGE

Dependent SNAP (Food Stamps) Verification (2025-26)

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, imprisonment for up to five years, or both.

Student Information (Please Print)

Last Name: _____ First Name: _____

Middle Initial: _____ Student ID Number: _____

Student Email Address: _____

Street Address
(Include Apartment Number): _____

City: _____ State: _____ Zip Code: _____

Phone Number (Include Area Code): _____

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Receipt of SNAP (Food Stamps)

On your FAFSA, you indicated someone in your contributor's household received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits during the last two years. As part of the verification process, you are being asked to provide documentation of receipt of these benefits. Please select one of the following:

☐ 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 my 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.)

Which year or years were the benefits received?

2023 ☐ 2024 ☐ 2023 and 2024 ☐

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Contributors' Household

The contributors' household includes:

- Yourself (the student).
- The contributors (including a stepparent), even if the student doesn't live with the parents.
- The contributors' other children if the contributors will provide more than half of the children's support from July 1, 2025 through June 30, 2026, or if the other children would be required to provide parental information if they were completing a FAFSA for 2025-2026. Include children who meet either of these standards even if the children do not live with the contributors.
- Other people, if they now live with the contributors and they provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2026.

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.

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Certification and Signature

Please provide your signature. If you are a dependent student, please also provide one contributor's signature whose information is listed on your FAFSA. By providing signature(s), 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: _____

Contributor Signature
(Dependent Students Only): _____

Date: _____