

Independent 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 (Including Apartment Number):
City: State: Zip Code:
Phone Number (Included Area Code):

Receipt of SNAP (Food Stamps)

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 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 ☐

Student's Household

The student's household includes:

- Yourself (the student).
- Your spouse, if you are married.

- Your children, if any, if you or your spouse will provide more than half of the children's support from July 1, 2025, through June 30, 2026, or if the child would be required to provide your 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 you.
- Other people, if they now live with you and you or your spouse provide more than half of their support and will continue to provide more than half of their 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.

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: _____