$\begin{tabular}{ll} Graduate Student Financial Services \\ \begin{tabular}{ll} Verification of SNAP \\ \end{tabular}$

VERIF 2013-2014

(Food Stamps)

Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.			
APU ID#:	Academic Program:	Academic Program:	
Name:	First		
• •	ed that you or a member of your household om (or "Food Stamps") in 2011 or 2012. The financial aid application.		
	ng question: Did a member of your family or 2012? (An answer is required.)	receive benefits from the SNAP (or "Food	
Yes. Sign this form showing names and	and attach proof of benefits received. Extended dates.	xample: printout of account balance,	
No. Sign and submorrect your inform	it this form to Graduate Student Financial Station.	Services. We will update your FAFSA to	
provide documentation to support the in	formation on this form and any attachments are complete and formation I have provided on this form. I understand that any of financial aid, and I may be subject to a fine, imprisonment or	false statements or misrepresentation may be cause for denia	
Student Signature (Required)		Date	