



2017-18 Parent: SNAP Form



Please complete all sections using **BLACK INK**.

Student's Last Name

First Name

M. I.

APU ID Number

Why are you being asked to complete this form? On the FAFSA, you (the parent) reported that your family received benefits from the Supplemental Nutrition Assistance Program (or "Food Stamps") in 2015 or 2016. The government requires APU to confirm this information to complete your student's application for financial aid.

Please answer the following question: Did a member of your family receive benefits from the SNAP (or "Food Stamps") program in 2015 or 2016? (An answer is required.)

- Yes.** Sign and submit this form to One Stop.
- No.** Sign and submit this form to One Stop. We will update your FAFSA to correct your information.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Parent Signature

Date

