University of Idaho

Student Financial Aid Services
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Office Use Only
Doc: PSNAP #27
Tkg Grp: _____
Comp. Date: _____
Comp. By: _____

Parent Supplemental Nutrition Assistance Program (SNAP) Form 2014-2015

Student: _____ Student ID or SSN: _____
Please Print
Today's Date: _____ Phone #: _____

On your 2014-2015 FAFSA, your parent(s) (if you are a dependent student) may have indicated that they received Food Stamps or SNAP food benefits during 2012 or 2013. As part of the verification process, we are required to obtain documentation as proof of these benefits. Your parent(s) must complete the following questions, then sign and return the completed form and proper documentation to our office. No further action can be taken on your financial aid application until this information is received.

Complete this form in its entirety and provide all requested documentation. Incomplete and/or unsigned forms will not be processed and will be returned to the student as incomplete.

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☐ I, the parent, received Food Stamps or participated in the Supplemental Nutrition Assistance Program (SNAP) during 2012 and/or 2013 (dependent students only). **If checked, you must provide documentation from the agency that issued your parent(s) Food Stamps/SNAP benefits.**

☐ I, the parent, did not receive Food Stamps or participate in the Supplemental Nutrition Assistance Program (SNAP) during 2012 or 2013.

CERTIFICATION: By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____