



CERTIFICATION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP BENEFITS) FOR INDEPENDENT STUDENT

Student's Name: _____

Simmons ID: _____

You certify that a member of your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2016 or 2017. SNAP may be known by another name in some states. For assistance in determining the name used in your state, please call 1-800-4-FED-AID (1-800-433-3243).

Your parents' household includes:

- You
- Your spouse, if you are married.
- Your or your spouse's children if you or your spouse will provide more than half of their support from July 1, 2018 through June 30th, 2019, even if the children do not live with you.
- Other people, if they now live with you, and you or your spouse provides more than half of their support and will continue to provide more than half of their support through June 30th, 2019.

Required: Attach a copy of the 2016 or 2017 statement of benefits received from SNAP

Certifications and Signatures

By signing below you certify that all information is complete and correct.

Student Signature: _____ Date: _____

For FAFSA Filers who misreported SNAP on their application:

If you and or a member of your family DID NOT receive SNAP benefits please sign below.

Certification and Signatures

By signing below you certify that information provided on your FAFSA was incorrect and that you and or a member of your household did not receive benefits. Your signature authorizes our office to update your application to reflect the accurate information.

Student Signature: _____ Date: _____