

SNAP BENEFITS RECEIVED FORM

Student's Name: _____	UCF ID: _____
Address: _____	Date: _____
City: _____	State/Zip: _____

You reported on your 2016-2017 FAFSA that someone in your household received Supplemental Nutritional Assistance Program (SNAP), formerly known as Food Stamps, benefits in 2014 or 2015.

Please confirm:

2014 YES NO

2015 YES NO

Please provide documentation from the agency that issues these benefits showing that benefits were received during the calendar year of 2014 or 2015 and **attached it to this form.**

If this was reported in error on your 2016-2017 FAFSA, please explain:

****You need to provide your parent's signature if their information was required on 2016-2017 FAFSA.**

Student's Signature

Date

Parent's Signature

Date