



2016-2017 SNAP/Food Stamp Verification Form

You must confirm that someone in your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) at any time during the 2014 or 2015 calendar years.

Student Name: _____ BRCC ID# _____

Student's Date of Birth: _____

- Yes, a member of my household (**or of my parent[s]' household, if dependent**) and/or I received SNAP benefits in 2014 or 2015. If asked, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.
- No, no one in my household (**or in my parent[s]' household, if dependent**) received SNAP benefits in 2014 or 2015.

Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature (Required)

Date

Parent's Signature (Required if Dependent)

Date