


**Please return this form to:**

Wilmington College 937.382.6661  
 Pyle Center Box 1184 800.341.9318 x600  
 1870 Quaker Way wilmington.edu  
 Wilmington, OH 45177 sos@wilmington.edu  
 937.383.8564 f

**2019-20 DEPENDENT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) VERIFICATION**
**SECTION A: STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. It was indicated on the FAFSA that a member in your parent(s) household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2017 or 2018. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1.800.4FED.AID (1.800.433.3243).

**PLEASE NOTE:**

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

**SECTION B: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

THE INSTRUCTIONS BELOW APPLY TO EACH HOUSEHOLD MEMBER [INCLUDING PARENT(S)] AS REPORTED ON THE FAFSA.

**1. DID ANY MEMBER OF YOUR FAMILY RECEIVE BENEFITS FROM THE SNAP (OR "FOOD STAMP") PROGRAM IN 2017 OR 2018?**

 AN ANSWER  
IS REQUIRED

 No

I nor any other family member received SNAP ("Food Stamp") benefits.

I answered the questions in error. Please update my FAFSA accordingly.

 YES

**ATTACHED is documentation from the Department of Job & Family Services** that verifies receipt of SNAP benefits during 2017 and/or 2018.

**2. PLEASE INDICATE BELOW WHICH FAMILY MEMBER(S) RECEIVED SNAP BENEFITS DURING 2017 OR 2018.**
 YES

 NO

**MYSELF (STUDENT).**
 YES

 NO

**MY PARENT(S) / STEP-PARENT(S).**

 If  Yes, name of recipient(s): \_\_\_\_\_

 YES

 NO

**YOUR PARENT(S)' OTHER CHILDREN.** Include children who meet either of these standards even if the children do not live with your parent(s).

⇨ Your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020.

⇨ The other children would be required to provide parental information if they were completing a FAFSA for 2019-2020.

 If  Yes, name of recipient: \_\_\_\_\_

 YES

 NO

**OTHER PEOPLE** if they now live with your parent(s) **and** your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

 If  Yes, name of recipient: \_\_\_\_\_

**SECTION C: CERTIFICATION**

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. 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.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_