Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.

SUA ID#: ___________________________ Cell Phone #: ___________________________

Name: ___________________________  ___________________________

On the FAFSA, you reported that you or a member of your household received benefits from the Supplemental Nutrition Assistance Program (or “Food Stamps”) in 2014 or 2015. The government requires SUA to verify this information to process your financial aid application.

Please answer the following question: Did a member of your family receive benefits from the SNAP (or “Food Stamps”) program in 2014 or 2015? (An answer is required.)

☐ Yes. Sign this form and attach proof of benefits received. Example: printout of account balance, showing names and dates.

☐ No. Sign and submit this form to Office of Financial Aid. We will update your FAFSA to correct your information.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. 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 (Required) ___________________________ Date ____________

Please mail or deliver in-person this form and any supporting documents. SUA will not be responsible for any data breach if you choose to submit information through email and we may still request that you submit original documents.