



2018-2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM/ SNAP (FOOD STAMPS) CERTIFICATION STATEMENT

STUDENT: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

Please re-write the statement in the box on the lines provided below, and sign this form.

Please be aware that by doing so, you are certifying that you or a member of your household received SNAP (formerly known as Food Stamps) benefits for the years 2016 or 2017.

I certify that I, [Print Student's Name], or a member of my household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2016 or 2017.

Handwriting lines for re-writing the statement

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

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

Student's Signature

Date

Parent's Signature (Required for Dependent Students)

Date