



Financial Aid Office

505 Amherst Street Nashua, NH 03063

◆ Office hours M-Th 8:00am-6:00pm and Fri 8:00am-4:30pm ◆

Tel: (603) 578-8903 Fax: (603) 883-1636

2014-2015 Verification of Supplemental Nutrition Assistance Program (SNAP)

STUDENT AND/OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2014-2015 FAFSA that you or a member of your household received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for the 2012 and/or 2013 calendar year and verification is needed.

Did you or did a member of your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for the 2012 and/or 2013 calendar year?

YES NO

I/We certify that the above information about SNAP benefits is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/we certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME: _____

NCC ID: _____

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____
(If Dependent student)

DATE: _____