



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

2017-2018 VERIFICATION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

TO BE COMPLETED BY INDEPENDENT STUDENT OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2017-2018 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 2015 and/or 2016 calendar year and verification is required.

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 2015 and/or 2016 calendar year?

YES []

NO []

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: _____

ID: _____

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

(If Dependent Student)