

**2016-2017 Receipt of SNAP Benefits
(Independent Student)**

A. Student Information

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	MCC ID #	Date of Birth

The Student's household includes:

- You, the student
- Your spouse, if married
- You or your spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

The student certifies that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. 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).

By signing this worksheet, I certify that all the information reported above is complete and accurate. I understand that, if asked by my school, I will be required to provide proof of SNAP food benefits.

Student's Signature

Date

Spouse's Signature (Optional)

Date