

2017-2018 VERIFICATION OF SNAP (FOOD STAMPS) WORKSHEET

On the Free Application for Federal Student Aid (FAFSA), you indicated that a member of your household received SNAP (Food Stamps) during either 2015 and/or 2016. You have been selected for verification; therefore, the Financial Aid Office must verify the receipt of this benefit. Please complete the following worksheet and return it to the Financial Aid Office.

| Student Name: Please Prin | PAWS ID#: | | | |
|--|-----------------------|-------------------------|-----------------------------|-----------|
| Did you or a member of your househo | | mps in 2015 and/o | or 2016? | |
| \square No. Please sign and submit this formation. | orm to the Financial | Aid Office. We v | vill update your FAFSA to | correct |
| ☐ Yes. Please complete the information | tion below, sign this | form, and return t | o the Financial Aid Office. | |
| Please complete the following inform you are the one receiving benefits, ple | • | • | | efits. If |
| Name of Recipient | Age | Relationship to Student | | |
| Street Address | | Phone Number | | |
| City | | State | Zip | |
| Student Signature | | Date | | |

Please note that during verification review the Financial Aid Office may determine that additional documentation is required to verify that food stamp benefits were received by the household. If such proof is required an additional request will be sent to the student to show supporting documentation from the agency that supplied the benefit. No supporting documentation is required at this time.

Return to: The College of New Jersey, Financial Aid Office, PO Box 7718, Ewing, NJ 08628 or fax: (609) 637-5154

<u>STOP:</u> DID YOU FULLY COMPLETE THIS FORM? DID YOU SIGN THIS FORM?

WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS

CONCERNING THIS FORM, CALL (609) 771-2211.