

## 2021-2022 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 2019 and/or 2020. 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:		PAWS ID#:		
Please Prin	nt			
Did you or a member of your househo	old receive Food Star	mps in 2019 and/o	r 2020?	
$\square$ No. Please sign and submit this formation.	orm to the Financial	Aid Office. We w	vill update your FAFSA to c	orrect
☐ Yes. Please complete the informat	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	-	•		fits. 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.