

2019 - 2020 SNAP VERIFICATION FORM

1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286

**Arkansas State
UNIVERSITY
MOUNTAIN HOME**

Student's Last Name	Student's First Name	Middle Initial	Social Security Number:
---------------------	----------------------	----------------	-------------------------

You have been selected for a process called verification. Being selected for verification can happen when a FAFSA is filed or changed in any way. The Office of Scholarships and Financial Aid must verify information provided, by comparing the FAFSA data submitted by the student with the information on this worksheet and other required documents. If there are differences, the FAFSA data may need to be corrected. The school may ask for additional information. For more information regarding this process, please contact the Office of Scholarships and Financial Aid at 870-508-6195.

Household member that received SNAP:

Indicate here if no SNAP benefits were received.

No person in the student's household received SNAP benefits during 2016 or 2017.

Indicate here if SNAP benefits were received - Certificate of Receipt – To be completed by DHS.

This is to verify that _____ received Supplemental Nutrition Assistance Program
(Please print recipient's name)

benefits during the year indicated below:

2016

2017

Printed Name of DHS Employee

Signature of DHS Employee

Date

Note: Parent signature is required when the student is considered dependent.

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X _____
Student Signature

Date

X _____
Parent Signature

Date