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EMAIL: mufinaidverification@missouri.edu

Student Name (Last, First)	 myZou Student ID Number							

2016-2017 SNAP (Food Stamps) Verification

The information requested on this form is needed to process your application for financial aid for the 2016-2017 academic year.

On the 2016-2017 Free Application for Federal Student Aid (FAFSA), you indicated that you and/or a member of your household received benefits from the Supplemental Nutrition Assistance Program (SNAP), also known as food stamps, during either 2014 and/or 2015. You have been selected to verify receipt of these benefits.

Statement of SNAP (Food Stamps) Receipt in 2014 and/or 2015									
(if dependent), or	015, did you (or your spouse, if married), your anyone in your household receive benefits the attrition Assistance Program (SNAP), also known	from the	☐ YES	□ NO					
	If yes , please sign this form and submit it to the SNAP benefits as listed on your FAFSA accord		. We will confirr	n receipt of					
	If no , sign and submit this form to the financial aid office. We will update your FAFSA with the correct information.								
NOTE: If we have rea	id you fully complete this form? We will return any ason to believe that the information regarding the on from the agency that issued the SNAP benefit	receipt of SNAP be	enefits is inaccu						
	hat all of the information reported is complete and on you may be fined, be sentenced to jail, or both		s: if you purpos	ely give false or					
STUDENT SIGNATURE	DATE PAR	RENT/STEPPARENT OR SP	OUSE SIGNATURE	DATE					