



# Student Financial Aid

University of Missouri

11 Jesse Hall  
Columbia, MO 65211-1600  
PHONE (573) 882-7506  
FAX (573) 884-5335  
EMAIL [mufinaidops@missouri.edu](mailto:mufinaidops@missouri.edu)



MizzouSFA

Student Name (Last, First)	myZou Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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## 2018-2019 SNAP (Food Stamps) Verification

The information requested on this form is needed to process your application for financial aid for the 2018-2019 academic year.

On the 2018-2019 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 2016 and/or 2017. You have been selected to verify receipt of these benefits.

Statement of SNAP (Food Stamps) Receipt in 2016 and/or 2017		
In 2016 and/or 2017, did you (or your spouse, if married), your parents (if dependent), or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), also known as food stamps?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
If <b>yes</b> , please sign this form and submit it to the financial aid office. We will confirm receipt of SNAP benefits as listed on your FAFSA accordingly.		
If <b>no</b> , sign and submit this form to the financial aid office. We will update your FAFSA with the correct information.		

**STOP: Did you fully complete this form? We will return any incomplete/unsigned forms for correction.**

*NOTE: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2016 and/or 2017.*

By signing, I certify that all of the information reported is complete and correct. **WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/STEPPARENT OR SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

**Please note electronic signatures will not be accepted and forms will be returned.**