



Student Financial Aid

University of Missouri

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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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2019-2020 SNAP (Food Stamps) Verification

The information requested on this form is needed to process your application for financial aid for the 2019-2020 academic year.

On the 2019-2020 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 2017 and/or 2018. You have been selected to verify receipt of these benefits.

Statement of SNAP (Food Stamps) Receipt in 2017 and/or 2018		
In 2017 and/or 2018, 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"/> YES	<input type="checkbox"/> NO
If yes , 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 no , 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 2017 and/or 2018.

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.