



## **2016-2017 SNAP Form**

**This form cannot be faxed.** Return this form to the address below.

Labette Community College  
Financial Aid  
200 South 14<sup>th</sup> · Parsons, KS 67357  
(620) 421-6700

Your FAFSA was selected for a review process called “**VERIFICATION.**” Return this Form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. Aid will not disburse if verification is not complete.

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Student ID or Social Security Number

Did any member of your household receive Supplemental Nutrition Assistance Program or SNAP (Formerly known as the Food Stamp Program) anytime during 2014 or 2015?

**No**

**Yes-** Indicate all household members who received Snap Benefits:

\_\_\_\_\_  
\_\_\_\_\_

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 2014 or 2015.

### **Certifications and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. (If Dependent)

\_\_\_\_\_  
Print Student’s Name

\_\_\_\_\_  
Student’s ID Number

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature

*(Dependent Students Only)*

\_\_\_\_\_  
Date