Independent (SNAP)  
2013-14 Verification Worksheet (V2)  
(Supplemental Nutrition Assistance Program (SNAP))

A. INDEPENDENT STUDENT’S INFORMATION (PLEASE PRINT)

____________________________  ____________________________  ____
(Students Last Name)  (Student's First Name)  (J-Number)

Student's Street Address (include apt. no.)

________________________________________
City  State  Zip Code

Student's Contact Phone Number (include area code)

B. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

1) On the original FAFSA application you or your spouse indicated that in 2011 or 2012 you or your spouse or someone in your household received Food Stamps-Supplemental Nutrition Assistance Program (SNAP).

2) Did you, your spouse or a member of your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, any time during 2011 or 2012?  Yes  No

3) If the Financial Aid Office believes that the information regarding the receipt of SNAP Benefits is inaccurate, we may require documentation from the agency that issued the SNAP Benefits in 2011 or 2012. Include your name and JSU J-Number on all documents submitted.

C. CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

________________________________________  ____________________________
Student's Signature  Date

________________________________________  ____________________________
Spouse’s Signature  Date

Return To:
Financial Aid Office  •  P. O. Box 17065  •  1400 J. R. Lynch Street  •  Jackson, MS  39217-0165
Office: 601-979-2227  •  Fax: 601-979-2237  •  finaid@jsums.edu