

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

(2016-2017 Academic Year – V1, V4, V5)

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CCC ID#	Last Name	First Name	MI		
Mailing Address		City	State	Zip Code	
Telephone No. (include area code)		Email Address			

**In 2014 or 2015, did you (or your parent) or anyone in your household receive Food Stamps (SNAP)?**

- Yes  
 No – I didn't. I made an error on the FAFSA. Below is an explanation of the error

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### Receipt of SNAP Benefits

The student or student's parents certify that a member of their household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015.

Member of a household includes:

Independent Student's Household	Dependent Student Parents Household
<ul style="list-style-type: none"> <li>• Student</li> <li>• Spouse</li> <li>• Children of the student</li> <li>• Other people if they now live with you and you will provide more than half their support and will continue to provide more than half their support through June 2016.</li> </ul>	<ul style="list-style-type: none"> <li>• Student</li> <li>• Parents (including a stepparent) even if the student doesn't live with the parents.               <ul style="list-style-type: none"> <li>▪ Parents' other children if the parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if their children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if the children do not live with the parents.</li> </ul> </li> </ul>

**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.

*I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges.*

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date