

**SUNY Sullivan**  
Financial Aid Office  
112 College Road  
Loch Sheldrake, NY 12759  
Fax# (845) 434-0014

**SNAP Verification**

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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On the FAFSA you reported that you, the parent, or other immediate family member in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP or Food Stamps) in 2018 or 2019. SUNY Sullivan is required by federal regulations to confirm this information in order to complete your financial aid file.

**Please answer the following question:**

Did you, your parent, or another member of your family receive benefits from the SNAP (or "Food Stamps") program in 2018 or 2019? (An answer is required)

- Yes. Attach a copy of the benefits statement from SNAP ("Food Stamps")
- No. I nor any other immediate family member have received any SNAP ("Food Stamps") benefits.

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_