

R _____
Student Rocket Number

Student Last Name

Student First Name



**2018-19
DEPENDENT STUDENT
VERIFICATION OF SUPPLEMENTAL NUTRITION ASSISTANCE
PROGRAM (SNAP) BENEFITS RECEIVED
(formerly known as Food Stamps)**

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Your 2018-19 Free Application for Federal Student Aid (FAFSA) indicates that you or another person in your household received Supplemental Nutrition Assistance Program (SNAP) benefits in 2016 or 2017. Processing of your FAFSA cannot continue until you complete and return this worksheet.

Did you or another person in your household receive any SNAP benefits in 2016 or 2017?

- No.
- Yes, I, or another person in my household, received SNAP benefits in 2016 or 2017.

Provide the name(s) of the person(s) who received SNAP benefits during the 2016 or 2017 calendar years. Please include each recipient's relationship to you.

Name(s) of Person(s) Who Received SNAP Benefits in 2016 or 2017	Relationship to Student

Certification Statement: By signing this worksheet, I (we) certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature

Date

TO RETURN THIS FORM:

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

Fax to: 419.530.5835

Upload to: *myUT.utoledo.edu*
"My Financial Aid"
"Secure Financial Aid Document Upload"

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.