

R \_\_\_\_\_  
Student Rocket Number

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name



**2022-23  
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 Free Application for Federal Student Aid (FAFSA) indicates that you or another person in your household received Supplemental Nutrition Assistance Program (SNAP) benefits in 2020 or 2021. 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 2020 or 2021?

- No.
- Yes, I, or another person in my household, received SNAP benefits in 2020 or 2021.

Provide the name(s) of the person(s) who received SNAP benefits during the 2020 or 2021 calendar years. Please include each recipient's relationship to you.

Name(s) of Person(s) Who Received SNAP Benefits in 2020 or 2021	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:**

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

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

In person: Rocket Solution Central  
1200 Rocket Hall

Fax to: 419.530.5835

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