

R _____
Student Rocket Number

Student Last Name

Student First Name



**2021-22
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 2019 or 2020. 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 2019 or 2020?

- No.
- Yes, I, or another person in my household, received SNAP benefits in 2019 or 2020.

Provide the name(s) of the person(s) who received SNAP benefits during the 2019 or 2020 calendar years. Please include each recipient's relationship to you.

Name(s) of Person(s) Who Received SNAP Benefits in 2019 or 2020	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.