## Cobleskill

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

## 2017-2018 Receipt of SNAP Benefits

The student certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2015 or 2016. SNAP may be known by another name in some states. For assistance in determining, the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

## The **<u>student's household</u>** includes:

- The student.
- The student's parents (including a stepparent), if the student is a Dependent Student
- The student's spouse, if the student is married.
- The student's, spouse's or student's parent's other children if the parents will provide more than half of the children's support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017– 2018. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the student and the student, spouse or parent provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

**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 2015 or 2016.

Were you eligible to receive food stamps during the calendar year 2015 or 2016?			YES NO		
Student Signature	Date	Student Name (1	Please Print)	Student ID Number	
Parent Signature (IF student is dependent)		Date	Parent	Parent Name (Please Print)	
Spouse Signature (IF student is married)		Date	Spouse	Name (Please Print)	