



Office of Financial Aid
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Office Location: North Haven Campus SLE-113

Supplemental Nutrition Assistance Program (SNAP) Benefits 2018-2019

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet and return it to the School of Law Office of Financial Aid. You may be asked to provide additional information. If you have questions about verification, contact our office so that your financial aid will not be delayed.

A. Student's Information

_____		_____		_____	
Last Name	First Name	M.I.	Student's Identification (ID) Number		

Street Address (include apt. no.)			Date of Birth		

City	State	Zip Code	Cell/Home Phone Number (include area code)		

B. Receipt of SNAP Benefits

- A member of my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2016 or 2017. 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 student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2018, through June 30, 2019, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2019.

If asked by my school, I will provide documentation from the agency that issued the SNAP benefits in 2016 or 2017.

C. Certification and Signature

Each person signing below certifies that all of the information reported on this worksheet is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

_____	_____
Student's Signature (Required)	Date
_____	_____
Spouse's Signature (Optional)	Date

Please return this signed and dated worksheet to the School of Law Office of Financial Aid by fax, e-mail, mail, or in person.