Student’s Last Name   First Name   Middle Initial   Student ID Number

On the FAFSA, you reported that you, the student, or other immediate family member in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP or Food Stamps) in 2013 or 2014. Holy Cross College is required by federal regulations to confirm this information in order to complete your student’s financial aid file.

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 2012 or 2013. 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 the children’s support from July 1, 2015, through June 30, 2016, 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 the other people’s support and will continue to provide more than half of their support through June 30, 2015.

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 2013 or 2014.

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature __________________________ Date __________________________