



# EMORY UNIVERSITY

## 2016-2017 SNAP Verification Worksheet

Emory University  
Office of Financial Aid  
200 Dowman Drive, Suite 300  
Atlanta, GA 30322

Phone: 404.727-6039  
Fax: 404.727-6709  
Email: [finaid@emory.edu](mailto:finaid@emory.edu)

<b>Student's Name:</b>	<b>Emory ID (EMPL):</b>
<b>Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.</b>	<b>Last 4 Digits of Student SSN (if ID Number Unknown):</b>  XXX - XX - _____

**DEPENDENT STUDENT INSTRUCTIONS:** List, in the space provided below, the person or people in the parent(s)' household receiving SNAP. The parent(s)' household includes:

- Yourself **and**
- Your parent(s) (including a stepparent) even if the student doesn't live with the parents.
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with you.
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

**INDEPENDENT STUDENT INSTRUCTIONS:** List, in the space provided below, the person or people in your household receiving SNAP. Your household includes:

- Yourself **and**
- Your spouse (if you are married)
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information when completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with your and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

I certify that the person(s) listed below is a member of the students'/parents' household, and received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. 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). ***If more space is needed to list the SNAP recipients, attached a separate page with the student's name and EMPL ID (or the last four digits of the Social Security Number) at the top.***

Person 1 Name	Person 2 Name	Person 3 Name

Each person signing below certifies that all of the information reported is complete and correct. If dependent, the student and one parent must sign and date. If independent, the student must sign and date, and the spouse signature is optional.

**Warning:** If you purposely give false or misleading information, you may be fined, sent to prison, or both. 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 2014 or 2015.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_