



SNAP VERIFICATION FORM

(Supplemental Nutrition Assistance Program)

Your **FAFSA** (Free Application for Federal Student Aid) has been selected for Federal Verification which requires Student Financial Services to verify information you provided on your FAFSA. **The law** states we have the right to ask you for this information **before** awarding Federal aid. If there are differences between your application information and the Verification documents, we will make the corrections and send the required changes electronically to the Federal student aid processor to have your information reprocessed. We will email a revised offer of financial aid assistance **only** if a change is necessary as a result of this process within one week of the University's completion of your file. *CFR Title 34, Part 668*

Next Steps . . .

Complete this form in its entirety. ALL SECTIONS MUST BE COMPLETED.

Sign and submit this form along with the **SNAP eligibility verification letter*** Information can be submitted via email, fax or mail using the contact information below.

A. Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Student Identification Number		
_____ Permanent Address			_____ City	_____ State	_____ Zip Code
_____ Phone Number	_____ Cell Phone		_____ Email Address	_____ Date of Birth (mm/dd/yyyy)	

B. SNAP (Food Stamps) Benefit Received- You have indicated on your FAFSA that you or a member of your household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015.

Please select one of the following statements:

I (or my spouse) received SNAP (Food Stamps) benefits during 2014 or 2015. ***(attached SNAP eligibility verification letter)**

My parent(s) received SNAP (Food Stamps) benefits during 2014 or 2015. ***(attached SNAP eligibility verification)**

Neither I or my spouse/parents(s) received SNAP (Food Stamps) benefits during 2014 or 2015.

***If you do not have the original eligibility verification letter please contact your Case Worker to obtain a copy.**

C. Signature(s) REQUIRED

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fee.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

ALL SECTIONS MUST BE COMPLETED. Failure to comply with this request will deem the form incomplete and will not fulfill the verification requirement.

*Student Signature: _____ Date: _____

*Parent (if dependent) Signature: _____ Date: _____

Please Note: Handwritten/Original Signature is required. . . . Digital Signature is prohibited.

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