Your 2015-2016 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. You and a parent whose information was reported on the FAFSA must complete this worksheet and return to the financial aid office at Walters State Community College. We cannot process your financial aid until all requested documents have been submitted to our office.

This form is to certify as to whether any member of the parent’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) any time during the 2013 or 2014 calendar year.

**Student Name:** ___________________________  **Student ID:** ___________________________

The parent’s household includes:

- The student
- The parents, even if the student doesn’t live with the parents. If your parents are divorced or separated, answer the questions about the parent you lived with more during the past 12 months or the parent who provided more financial support during the past 12 months. If this parent is remarried as of today, you must include your step-parent. (Grandparents, foster parents, legal guardians, aunts and uncles are NOT considered parents on this form unless they have legally adopted you.)
- The parent’s other children if the parents will provide more than half of their support from July 1, 2015 through June 30, 2016 or if the other children would be required to provide parental information if they were completing the FAFSA for 2015-2016. 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 parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Please check the box that applies below:

☐ In 2013 or 2014, the parent or members of the parent’s household **did** receive SNAP benefits.

  Date benefits started __________ Date terminated (if applicable) __________
  
  mm/yyyy mm/yyyy

☐ In 2013 or 2014, the parent or members of the parent’s household **did not** receive SNAP benefits.

**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.

**Certification and Signature**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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