

Office of Financial Aid

2016-2017 SNAP Benefits and Child Support Paid Verification Form

The purpose of this form is to verify your Supplemental Nutrition Assistance Program Benefits (SNAP) and Child Support Paid. Please complete and return this form to the Financial Aid Office by US Mail, Fax, or Email.

Student Information

ast Name	F	irst Name	M.I. Mes	siah College Student ID	
ate of Birth Home Phone Number		Student's E-mail		Parent's E-mail	
Supplemental Nutrition As	ssistance Prog	gram Benefits (SN	AP)		
olid the student or parent receiv ☐ Yes. ☐ No.	ve SNAP benefits	s (food stamps) during	g the calendar year	2014 or 2015?	
hild Support Paid					
id the student or parent pay c	hild support dur	ng the calendar year	2015?		
☐ Yes. Complete the tab ☐ No. Proceed to signa					
Dependent Student: Enter in Independent Student: Enter					
Who Paid Child Whon	ne of Person to n Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015	
Who Paid Child Whon	n Child Support	Whom Support Was	Whom Support	Support Paid in 2015	
Who Paid Child Whon	n Child Support	Whom Support Was	Whom Support	\$.00 \$.00	
Who Paid Child Whon	n Child Support	Whom Support Was	Whom Support	\$.00 \$.00 \$.00	
Who Paid Child Whon	n Child Support	Whom Support Was	Whom Support Was Paid	\$.00 \$.00 \$.00 \$.00	
Who Paid Child Whon	n Child Support	Whom Support Was	Whom Support	\$.00 \$.00 \$.00	
Who Paid Child Whon Support	n Child Support was Paid	Whom Support Was Paid	Whom Support Was Paid Total Paid:	\$.00 \$.00 \$.00 \$.00 \$.00	
Who Paid Child Whon Support	n Child Support was Paid rtifies that all the in	Whom Support Was Paid formation reported on	Whom Support Was Paid Total Paid:	\$.00 \$.00 \$.00 \$.00 \$.00	
Who Paid Child Whon Support ign This Form ach person signing this form cer	rtifies that all the indicate one parent must be that the informat mentation from the	Whom Support Was Paid formation reported on sign. Independent Straign ion regarding the receiptions.	Whom Support Was Paid Total Paid: this form is complete udent: If married, sp	\$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	