



Northwestern State University
 212 Student Services Center
 Natchitoches, Louisiana 71497

Office of Student Financial Aid
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2019-2020 SNAP Attestation

Your **2019-2020** Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. During the review process, we found a discrepancy in determining if SNAP benefits received. This form must be completed and signed before we can complete the processing of your request for Financial Aid.

STUDENT NAME _____ Last 5 digits of SSN & ID _____ / _____

TO BE COMPLETED AND SIGNED

Please check one of the following:

I am a **DEPENDENT** student: Parent(s) and student must read, sign, and date below; even if you did not live with your parent(s) during 2016. **PLEASE COMPLETE SECTION A.**

I am an **INDEPENDENT** student: Student must read, sign, and date below. **PLEASE COMPLETE SECTION B.**

A. Parent - Please check one of the following:

The parent(s) certify that a member of the parents' household received benefits from the SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as the **Food Stamp Program**) sometime during 2016 or 2017.

No members of my household received SNAP benefits.

The parents' household includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2019 - June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019–2020. 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 from July 1, 2019 - June 30, 2020.

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 2016 or 2017.

B. Student – Please check one of the following:

I certify that a member of my household received benefits from the SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as the **Food Stamp Program**) sometime during 2016 or 2017.

No members of my household received SNAP benefits.

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children ONLY IF the student or spouse will provide more than half of their support from July 1, 2019 - June 30, 2020, 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 their support and will continue to provide more than half of their support from July 1, 2019 - June 30, 2020.

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 2016 or 2017.

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. **Warning:** If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

 Student Signature Date

 Parent Signature Date
 (Required for Dependent Students)