Parent SNAP
Received Form (V2)

Student
Legal Name: ________________________       Student ID #: __________
Last   First   M.I.

Parent(s)
Legal Name: ________________________
Last   First

Parent Supplemental Nutrition Assistance Program (SNAP)

Did you or any people in your family** receive benefits from the Supplemental Nutrition Assistance Program (SNAP) in 2011 or 2012? (Please check one)  Yes [ ]  No [ ]

**People in your family are the people you included in your household on the 2013 – 14 FAFSA.

Required Signatures:
Each person signing this form certifies that all the information reported on it is complete and correct. At least one parent must sign and date.

_________________________  ________________________
Father’s Signature   Date   Mother’s Signature   Date