



PO Box 17202  
Trenton, NJ 08690  
Federal School Code: 002641

**Office Hours**  
9am-7pm, Monday-Thursday  
9am-5pm, Friday  
(see website for revised summer hours)  
**Email:** [finaid@mccc.edu](mailto:finaid@mccc.edu)  
**Fax:** (609) 570 3888  
[www.mccc.edu/mymercer](http://www.mccc.edu/mymercer)

### 2016-2017 SNAP VERIFICATION

Your application was selected for a review in a process called "Verification". Verification is a process governed by Federal and/or State regulations and is used to ensure that the information applicants report on the Free Application for Federal Student Aid (FAFSA) is accurate.

The law requires us to ask for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, MCCC will need to make corrections. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

#### INSTRUCTIONS

1. You reported a member of your household received benefits from the Supplemental Nutrition Assistance Program (**SNAP**) either in 2014 or 2015.
2. Complete the form below. Do not leave any question blank and only consider household members included on your 2016-17 FAFSA.
3. Note: If we have reason to believe that the information regarding SNAP benefits is not accurate, we may require additional documentation, such as:
  - a. A copy of the Electronic Benefits Card; or
  - b. A letter from social services confirming your eligibility.

#### A. Student Information

<hr/> <i>Last Name</i>	<hr/> <i>First name</i>	<hr/> <i>M.I.</i>	<hr/> <i>Social Security Number</i>	<hr/> <i>Colleague ID</i>
<hr/> <i>Address (include apt. no.)</i>			<hr/> <i>Date of birth</i>	
<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip Code</i>	<hr/> <i>Phone number (include area code)</i>	

#### B. Parent Information (if applicable)

<hr/> <i>Last Name</i>	<hr/> <i>First name</i>	<hr/> <i>M.I.</i>	<hr/> <i>Social Security Number</i>
------------------------	-------------------------	-------------------	-------------------------------------

C. Did you or any people in your household receive SNAP benefits in 2014 or 2015? YES  NO

#### D. Certification

Each person signing this form certifies that all information reported on it is complete and correct.

<hr/> <i>Student</i>	<hr/> <i>Date</i>
<hr/> <i>Parent/Spouse</i>	<hr/> <i>Date</i>

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