 **2013-14 SNAP Independent Verification Worksheet**

 **Federal Aid Programs**

Your financial aid application has been chosen for a review process called “Verification.” SNAP Verification is a process by which Mississippi College compares the information on your application with documentation from you and/or your spouse stating benefits that are received in the household from SNAP (Supplemental Nutrition Assistance Program or Food Stamps). The law says that our institution has a right to ask for this information before we award you Federal aid. If there are differences in the application and the financial documents, then an electronic correction is made to your application.

**What you should do for verification?**

1.Complete and **sign** this verification worksheet.

1. Return with this worksheet, a copy of SNAP benefits received by any member of your household for the 2011-2012 year.
2. Submit the information to the financial aid office as soon as possible.
3. Once the financial aid office has your documentation, the verification will be completed and any corrections will be made by the financial aid office.
4. Once verification is completed, then you can be awarded federal aid.

**A. Student Information**

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Last Name First Name M.I. Social Security Number

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Address (include apt. no.) Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code Phone number (include area code)

**B. SNAP Information**

Did you or someone in your household, receive benefits from theSupplemental Nutrition Assistance Program**,** or **SNAP (formerly known as food stamps)** anytime during the **2011 or 2012** calendar year?

­­­­­­­**\_\_\_\_Yes ­­­\_\_\_\_No Amount $\_\_\_\_\_\_\_\_\_ (If yes, please provide documentation)**

|  |  |  |
| --- | --- | --- |
| **Full Name of Household Member** | **Age** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C. Sign this Worksheet**

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

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**Warning:**

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

Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse (Optional) Date

  **Mail completed form to:**

 **Mississippi College**

 **Financial Aid**

 **P.O. Box 4035**

 **Clinton, MS 39058**

 **Fax: 601-925-3950**