2015-2016 Receipt of SNAP Benefits

Student Name: ____________________________________   Kean ID#: ______________

You are receiving this form because on your 2015-2016 FAFSA application, you or your parent(s) indicated that your or your parents’ household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-FED-AID (1-800-433-3243). Please complete the information listed below and submit to the Office of Financial Aid.

Check the appropriate box below if someone in the student’s or parents’ household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) any time during the 2013 or 2014 calendar years.

The student’s or parents’ household includes:

- The student.
- The parents, including a stepparent, even if the student does not live with the parents (only for students who are required to report parental information on the FAFSA).
- The student’s spouse, if the student is married.
- The parents’ other children if the parents will provide more than half of their support from July 1, 2015 through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards even if the children do not live with the parents.
  OR
  The student’s or spouse’s children if the student or spouse will provide more than half of their support from July 1, 2015 through June 30, 2016, even if the children do not live with the student.
- 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 through June 30, 2016.
  OR
  Other people if they now live with the student and the student or spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Check only one box:

☐ One of the persons listed on the 2015-2016 FAFSA received SNAP benefits in 2013 or 2014. If asked by the Office of Financial Aid, I will provide documentation from the agency that issued the SNAP benefits in 2013 and/or 2014.

☐ None of the persons listed on the 2015-2016 FAFSA received SNAP benefits in 2013 or 2014.

I/we certify that the information reported on this form to the Kean University Office of Financial Aid is true, correct, and complete.

Student Signature _________________________________   Date: __________________

Parent Signature __________________________________   Date: __________________