MT. SAN ANTONIO COLLEGE FINANCIAL AID OFFICE

RETURN TO: Mt. San Antonio College Financial Aid Office 1100 N. Grand Avenue Walnut, CA 91789



2015-16 RECEIPT OF SNAP BENEFITS (INDEPENDENT STUDENT)

Studen	t's Signature (Required)	Date
Print Student's Name		Student's ID Number
Each person signing below certifies that all of the information reported is complete and correct.		WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Certific	cations and Signatures	
	If we have reason to believe that the information regarding the entation from the agency that issued the SNAP benefits in 2013	
•		nt or spouse provides more than half of their support and will
•	The student's or spouse's children if the student or spouse withrough June 30, 2016, even if the children do not live with the	
•	The student. The student's spouse, if the student is married.	
The stu	udent's household includes:	
	Check here to certify that in 2013 or 2014 <u>no</u> member of your the Supplemental Nutrition Assistance Program (SNAP)/ Food	r household, as reported on the FAFSA, received benefits from I Stamps program.
	Assistance Program or SNAP (formerly known as the Food Staknown by another name in some states. For assistance in det (1-800-433-3243).	imp Program) sometime during 2013 or 2014. SNAP may be ermining the name used in a state, please call 1-800-4FED-AID