RETURN TO: Mt. San Antoni



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

MT. SAN ANTONIO COLLEGE FINANCIAL AID OFFICE

2017-2018 RECEIPT OF SNAP BENEFITS (DEPENDENT STUDENT)

Form must be completed in blue or black ink	
Student's Name:	Mt. SAC ID #:
Assistance Program (SNAP), formerly known as th	nts' household received benefits from the Supplemental Nutrition ne Food Stamp Program, sometime during 2015 or 2016. SNAP may be stance in determining the name used in a state, please call 1-800-4FED-AID
	ember of your parent(s) household, as reported on the Free Application for om the Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
The parents' household includes:	
 2018, or if the other children would be required t 2018. Include children who meet either of these Other people if they now live with the parents an provide more than half of their support through J 	evide more than half of their support from July 1, 2017, through June 30, to provide parental information if they were completing a FAFSA for 2017—standards even if the children do not live with the parents. In the parents provide more than half of their support and will continue to June 30, 2018 Regarding the receipt of SNAP benefits is inaccurate, we may require
Certifications and Signatures: At least one parent must sign this form. By signing this workshee correct. If you purposely give false or misleading information, you	et, you certify that all information reported on this worksheet is complete and u may be fined, sentenced to jail, or both.
Student's Signature	Date
Parent's Signature	