



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

**MT. SAN ANTONIO COLLEGE  
FINANCIAL AID OFFICE**

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**2017-2018 RECEIPT OF SNAP BENEFITS (INDEPENDENT STUDENT)**

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**Form must be completed in blue or black ink**

Student's Name: \_\_\_\_\_ Mt. SAC ID #: \_\_\_\_\_

- ☐ Check here to certify that a member of the student's household received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, sometime during 2015 or 2016. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).
- ☐ Check here to certify that in 2015 or 2016 **NO** member of your household, as reported on the Free Application for Federal Student Aid (FAFSA), received benefits from the Supplemental Nutrition Assistance Program (SNAP)/Food Stamps program.

The **student's household** includes:

- The student
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2017, through June 30, 2018, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2015 or 2016.

**Certifications and Signatures:**

*By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.*

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's Signature (Optional)**

\_\_\_\_\_  
**Date**