



2016–17 Verification Worksheet: SNAP Benefits

Your 2016–17 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process please don't hesitate to contact our office.

Verification

The student or a parent included in the household indicated on the FAFSA that s/he received Supplemental Nutrition Assistance Program (SNAP) benefits. Please complete ALL sections below to verify the information.

A. Student Information *(For institutional identification purposes)*

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER (if known)	SOCIAL SECURITY NUMBER	DATE OF BIRTH example: [J][A][N][0][1][1][9][9][4]
@	-	-
<small>See extension.harvard.edu/login if unsure</small>		<small>Month (MMM) Day (DD) Year (YYYY)</small>

B. SNAP Confirmation

Has anyone in the household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years? Yes No

C. Student/Parent(s) Signature(s)

By signing this worksheet, I (we) certify that all of the information reported above is complete and correct. If the student is a dependent, at least one parent must sign.

Student's signature _____ Date _____

Parent/Guardian's name (if dependent student, please print) _____

Parent/Guardian's signature (if dependent student) _____ Date _____

Return completed form to:

Student Financial Services Office, Harvard Extension School, 51 Brattle Street, Cambridge, MA 02138-3722

or fax it to:
(617) 495-2921