Fresno City College
Financial Aid Office
1101 E University Ave
Fresno, CA 93741
Phone: (559) 442-8245
Fax: (559) 499-6024

2016 - 2017

SNAP (Supplemental Nutrition Assistance Program) and CHILD SUPPORT VERIFICATION FORM #13

Student Name: _____ ID #:_____

You were selected for review in a process called Verification. You are required to complete this form to verify whether you (or your spouse, if married) or your parents (if you are a dependent student) received SNAP during 2014 or 2015 or paid child support during 2015.

Section I: Supplemental Nutrition Assistance Program (SNAP) Verification

Check one box below:

❒ I, or my spouse (if I am married), or a dependent included in my household size on my 2016-2017 FAFSA, received benefits from SNAP (formerly known as Food Stamps) sometime during 2014 or 2015.

❒ My parent (if I am a dependent student), or a dependent included in my parent's household size on my 2016-2017 FAFSA, received benefits from SNAP (formerly known as Food Stamps) sometime during 2014 or 2015.

❒ No one in my, or my parent's household (if I am a dependent student), received benefits from SNAP (formerly known as Food Stamps) at any time during 2014 or 2015.

Section II: Child Support Verification

Check one box below:

❒ Neither I (if independent student) nor my parent (if dependent student) paid child support in 2015.

❒ I (if independent student) or my parent (if dependent student) paid child support to another person in 2015.

Complete the information below:

Name of the person who PAID the child support	Name of the person to whom the child support was paid	Name of the child for whom the child support was paid	Total amount of child support paid in 2015

NOTE: If the Financial Aid Office has reason to believe that the information above is inaccurate, we may require documentation from the agency that issued the SNAP benefits or child support in 2014 or 2015, or other supporting documentation, such as statements or payment receipts.

Section III: Certification and Signatures

I/We certify that the information reported above is true and correct. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I understand that if I purposely give false or misleading information, I could be fined, jailed, or both.

_____ _____ _____

Student Signature | Parent Signature (if you are a dependent student) | Date