

P.O. Box 1017 • Binghamton, New York 13902 Voice: (607) 778-5028 Fax: (607) 778-5451

2016-17 Verification of Food Stamps Received Supplemental Nutrition Assistance Program (SNAP)

Student's Name: _	I	Broome ID: B
household received Su	pplemental Nutrition Assistance (food state al government, the Office of Student Final	FSA) indicates that you or another person in your amps) in 2015. As part of the verification process ancial Aid is required to collect additional
	Please print and use l	black ink.
Please check the appro	priate box:	
	ed by the College, I will provide docume	nental Nutrition Assistance (food stamps) in 2014 entation of the receipt of SNAP benefits during
		atrition Assistance (food stamps) in 2014 or 2015 ar response to the appropriate federal office.
	ent: By signing this worksheet, I (we) cerbility for federal student financial aid, is	tify that all of the information reported above, complete and correct.*
Student Signature		Date
Parent Signature (If de	pendant on parents' information)	 Date

Mail or Fax completed form to: SUNY Broome Community College, Financial Aid Office, PO Box 1017, Binghamton, NY 13902 FAX: 607-778-5451

*WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.