2016-17 SNAP Benefits Form

Student Information

Last Name                                  First Name

NTCC Student ID

Email Address                               Phone Number (include area code)

Section A. Dependent Student SNAP – CALENDAR YEAR 2014 or 2015

By the signatures listed below, we certify that _________________________________, a member of the parent’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program) sometime during 2014 or 2015.

________________________________________
Student Signature                      Date

________________________________________
Parent Signature                        Date

Section B. Independent Student SNAP – CALENDAR YEAR 2014 or 2015

By my signature below, I certify that _________________________________, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program) sometime during 2014 or 2015.

________________________________________
Student Signature                      Date

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