



### 2016-2017 Dependent SNAP Verification

#### SECTION A: STUDENT INFORMATION

Name: \_\_\_\_\_ UNTD Assigned ID: \_\_\_\_\_ SSN (last 4 digits only): \_\_\_\_\_

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. Fill out this form if you, your parent(s) or anyone in your household received SNAP benefits during the calendar year 2014 or 2015.

#### SUBMITTING THIS FORM

- ✓ We will update your FAFSA, if needed, based on the information provided on this form.
- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be submitted to our office *at least* two weeks before the end of the term.

#### SECTION B: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Were you, your parent(s) or anyone in your household eligible to receive SNAP during the calendar year 2014 or 2015?

- YES
- NO

#### SECTION C: CERTIFICATION

I certify that all the information contained on this form is complete and correct and that there is no forgery of signature(s). I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature	Date	Parent Signature	Date
X _____	_____	X _____	_____

**Return this completed form with any required documentation to:**

Student Financial Aid & Scholarships, University of North Texas at Dallas- 7300 Univeristy Hills Blvd, Dallas, TX 75241  
or fax to (972) 338-1799 or save and attach as PDF and email to [financialaid@untdallas.edu](mailto:financialaid@untdallas.edu)