

2016-2017 Independent SNAP Verifications

SECTION A: STUDENT INFORMATION					
Name:	UNTD Assigned ID:	SSN (last 4 digits only):			
from your Free Application for Fe		v (34 CFR, Part 668) to compare the information tion provided on this form. Fill out this form if 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 spouse (if married), or anyone in your household eligible to receive food stamps during the calendar year 2014 or 2015?

- □ YES

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.

Student Signature	Date	Spouse Signature (if married)	Date
X		X	

Return this completed form with any required documentation to: Student Financial Aid & Scholarships, University of North Texas at Dallas- 7300 University Hills Blvd, Dallas, TX 75241 or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu