2016-17 Supplemental Nutrition Assistance Program (SNAP) Verification

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th>AU Student ID</th>
</tr>
</thead>
</table>

On your 2016-17 Free Application for Federal Student Aid (FAFSA), you indicated that a member of your household received SNAP benefits (formerly Food Stamps) during 2014 and/or 2015.

Please complete all applicable fields below to verify the SNAP benefit information reported on the FAFSA and return this completed form.

Did you or a member of your household receive SNAP benefits in 2014 and/or 2015?

☐ NO, no one in my household received SNAP benefits in either 2014 or 2015. This information was reported on my 2016-17 FAFSA in error.

If you reported receipt of SNAP benefits in error, the Office of Financial Aid is required to correct this information on your 2016-17 FAFSA.

☐ YES, a member of my household did receive SNAP benefits in 2014 and/or 2015.

Name of recipient ____________________________________________________________

Age ________ Relationship to Student ____________________________________________

The Office of Financial Aid may require you to submit documentation confirming the receipt of the SNAP benefits in 2014 and/or 2015, such as a letter from the government agency that approved the case and issued the benefit. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial aid will be credited to my student account. I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process. If I purposely give false or misleading information, I may be fined up to $20,000, sent to prison, or both. I understand that it can take a minimum of two weeks for the Office of Financial Aid to process documents.

Student Signature ___________________________ Date __________

Parent Signature (If Dependent) ___________________________ Date __________

Aurora University · Office of Financial Aid · 347 S. Gladstone Ave · Aurora, IL 60506
630-844-6190 · fax: 630-844-6191 · finaid@aurora.edu · aurora.edu

FAC16FSV
2/9/2016