Supplemental Nutrition Assistance Program (SNAP)

Date: ____________________  Student’s ID Number: __________________

Student First Name: __________________  Last Name: __________________

A member of student’s household have indicated on the 2016-17 Free Application for Federal Student Aid (FAFSA) that in 2014 or 2015, you (or your spouse, if married), parent(s) (dependent student), or anyone in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP).

Federal Regulations require that you provide LBCC financial aid office with a statement from the applicable agency that shows that you have received SNAP benefits (Food Stamps) during the 2014 or 2015 year.

- Attach a copy of your notification to this form indicating that you are/were eligible to receive SNAP benefits during the 2014 or 2015 year.

- If you lost your eligibility letter, you may call 1-800-723-3638 to request a duplicate copy.

I certify that I have received SNAP benefits during the 2014 or 2015 Year. Proof of my eligibility is attached to this form.

Student Signature: ________________________________

Parent’s Signature (dependent student) ________________________________

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Non-Discrimination Policy

Linn-Benton Community College maintains a policy of non-discrimination and equal opportunity in employment and admissions, without regard to race, color, sex, sexual orientation, marital and/or parental status, religion, national origin, age, mental or physical disability, Vietnam era or veteran status. Questions or concerns related to affirmative action, non-discrimination, equal opportunity or the college discrimination complaints and hearing procedures should be directed to the Human Resources Office; Linn-Benton Community College, 6500 SW Pacific Blvd., Albany, OR 97321-3779. Telephone: (541) 917-4420