

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
VERIFICATION FORM 2017-18

Your application for financial aid has been selected for a process called "Verification". As part of the verification process, the Financial Aid Office is required to corroborate information submitted on your 2017-2018 Free Application for Federal Student Aid (FAFSA) with information you submit on this form. Please return this completed form to the NBSS financial aid office as soon as possible. If you have questions about this form, or the verification process, please feel to contact the financial aid office at 617-227-0155 ext. 115 or [jdergay@nbss.edu](mailto:jdergay@nbss.edu).

**Instructions**

This Supplemental Nutrition Assistance Program (SNAP) Verification Form must be completed and returned to the Financial Aid Office in order to verify FAFSA question 75 or 96; in regard to SNAP benefits. Please review parts A and B below and sign the box which describes you OR your family's eligibility as a beneficiary in 2015 for Supplemental Nutritional Assistance Program (SNAP), formerly known as Food Stamps.

***Student Information***

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Soc Sec No.

**A. Received: Supplemental Nutritional Assistance Program (SNAP) benefit.**

My signature below confirms that I, or someone reported in my household at the time the FAFSA was completed **did** receive benefits from the Supplemental Nutritional Assistance Program or SNAP in 2015.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. Did not receive: Supplemental Nutritional Assistance Program (SNAP) benefit.**

My signature below confirms that neither I, nor anyone reported in my household at the time the FAFSA was completed received benefits from the Supplemental Nutritional Assistance Program or SNAP in 2015.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*U.S. Department of Education policy gives the Financial Aid Office the authority to require you to provide the requested information prior to providing you with a financial aid award.*