

2016-2017 Supplemental Nutrition Assistance Program SNAP Verification Dependent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information Pratt Community College (PCC)will compare your FAFSA with the information on this worksheet. By law, we have the right to ask you for this information before awarding federal aid. If there are any discrepancies, PCC may request further clarification and/or documentation. If corrections are needed, PCCwill make them on your behalf. **Once you submit the requested documents, please do not make any corrections to your FAFSA unless you are instructed to do so by PCC.**You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documentationas soon as possible.

A. Student's Information					
Last Name		irst Name	M.I.		
SSN / Student ID number		Date of Birth			
Email Address	Address Home Phone Num		er Cell Phone Number		
B. Supplemental Nutriti	on Assistance Program				
	ir parents (or anyone in yo merly known as food stan		ceive benefits from the Suppl	emental Nutrition	
No Yes–Additional o	documentation may be re	quested.			
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C. Certification and Signatures		WARNING: If you purposely give false or misleading Information on this worksheet, you may be fined, be sentenced to jail, or both.			
By signing this workshee	et, I certify that all of the i	nformation repor	ted on this worksheet is comp	olete and correct.	
Student			Date		
Parent			Date		

Do not mail this worksheet to the U.S. Department of Education.