

Student's Name: \_\_\_\_\_

Student's ID Number: \_\_\_\_\_

Haskell Indian Nations University  
Financial Aid Office  
155 Indian Avenue, Box 5027  
Lawrence, KS 66046

Phone: (785) 749-8468  
Fax: (785) 832-6617

## Receipt of SNAP Benefits (Independent Student)

The student certifies that \_\_\_\_\_, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or (SNAP) sometime during 2013 or 2014. 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).

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2016.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

## Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date