

I, \_\_\_\_\_, certify that a member of my household received benefits from the  
(Student Name)

Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2018 or 2019. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 800.4FED.AID, 800.433.3243.

**INDEPENDENT STUDENT**

**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 their support from July 1, 2020, through June 30, 2021, 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 their support and will continue to provide more than half of their support through June 30, 2021

**DEPENDENT STUDENT**

**Household** includes:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents
- The parents' other children if the parents will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the other children would be required to provide parental information if they were completing a FAFSA for 2020-21; include children who meet either of these standards even if the children do not live with the parents
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2021

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 2018 or 2019.

## Certifications and Signatures

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

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

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

\_\_\_\_\_  
Concordia ID

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Dependent) / Spouse's Signature (Independent)

\_\_\_\_\_  
Date