North Carolina Central University
Office of Scholarships and Student Aid

919/530-6180 • 919/530-7959 (fax)

V2-SNAP BENEFITS
2013-2014 INDEPENDENT VERIFICATION WORKSHEET

Your application was selected for review in a process called *verification*. In this process we compare and confirm the information that you and/or your parent(s) provided on the FAFSA to ensure its accuracy. The law says we have a right to ask you for this information before awarding Federal Aid. If there are differences between your FAFSA information and your financial documents, you or the school may need to make corrections electronically. **We cannot continue processing your financial aid application until all requested information is received and completed.** Please fax these requested documents to **919/530-7959** or mail to address at the bottom of this form.

☐ I certify that I or a member of my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) sometime during 2011 or 2012.

The household includes:

- Yourself
- Your spouse, if you are married
- Your children, if any, if you will provide more than half of their support from July 1, 2013 through June 30,2014 or if the child would be required to provide your information if they were completing a FAFSA for 2013-14. Include children who meet either of these standards even if the children do not live with you.
- Other people if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support through June 30, 2014.

☐ I certify that I or a member of my household did not receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) sometime during 2011 or 2012.

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 2011 or 2012.

_____ _____
Student's Last Name First MI NCCU Banner ID or Student's Last 4 digits of SSN

_____ _____
Student's Home Phone # / Student's Cell Phone Student's Email address

Each person signing this worksheet certifies that all of the information reported is accurate and complete. **The student must sign.** **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

X _____ _____
Student Signature Date

X _____ _____
Spouse's Signature (optional) Date

PLEASE SIGN DOCUMENT

Submit to:

Office of Scholarships and Student Aid
P. O. Box 19496 Shepard Station
Durham, North Carolina 27707
Fax: 919/530-7959

ENTER YOUR 9-DIGIT NCCU ID → | | | | | | | | | |