



2018-2019 Supplemental Nutrition Assistance Program (SNAP) Verification

Section 1 – Student Information

Last Name: _____ First Name: _____

Student ID Number: _____

Permanent Address

Street & Number: _____ City, State, and ZIP: _____

Date of Birth: _____

Local Phone Number (Include Area Code): _____

Permanent Phone Number (Include Area Code): _____

Email Address: _____

Section 2 – Supplemental Nutrition Assistance Program (SNAP) Benefits – Calendar Year 2017

Were you eligible to receive food stamps during the calendar year 2017?

Yes, Attach a copy of your EBT pay history or a photocopy of your Families First Card. Continue to Section 3.

No, Continue to Section 3.

Section 3 – Certification:

By signing this worksheet, I certify all the information reported is complete and correct:

Student Signature: _____ Date: _____

Student Name (Please Print): _____ Student ID Number: _____

Parent Signature (IF student is dependent): _____

Spouse Signature (IF Student is married): _____

Date: _____ Parent/Spouse Name (Please Print): _____

Return completed form and any other pertinent documents to:

Felician University

Office of Student Financial Services

262 South Main Street

Lodi, NJ 07644

201-559-6010

Fax: 201-559-6025