



**Kean University**  
**Office of Financial Aid**  
**1000 Morris Avenue**  
**Union, NJ 07083**

**2016-2017 Receipt of SNAP Benefits**

Student Name: \_\_\_\_\_ Kean ID #: \_\_\_\_\_

You are receiving this form because on your 2016-2017 FAFSA application, you or your parent(s) indicated that your or your parents' household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-FED-AID (1-800-433-3243). Please complete the information listed below and submit to the Office of Financial Aid.

Check the appropriate box below to indicate if someone in the student's or parents' household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) any time during the 2014 or 2015 calendar years.

The student's or parents' household includes:

- The student.
- For dependent students: The parents, including a stepparent, even if the student does not live with the parents (only for students who are required to report parental information on the FAFSA).
- For independent students: The student's spouse, if the student is married.
- For dependent students: The parents' other children if the parents will provide more than half of their support from July 1, 2016 through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parents.

**OR**

For independent students: The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016 through June 30, 2017, even if the children do not live with the student.

- For dependent students: 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, 2017.

**OR**

For independent students: Other people if they now live with the student and the student or spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

**CHECK ONLY ONE BOX:**

One of the persons listed on the 2016-2017 FAFSA received SNAP benefits in 2014 or 2015. If requested by the Office of Financial Aid, I will provide documentation from the agency that issued the SNAP benefits in 2014 and/or 2015.

None of the persons listed on the 2016-2017 FAFSA received SNAP benefits in 2014 or 2015.

I/we certify that the information reported on this form to the Kean University Office of Financial Aid is true, correct, and complete.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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