V2 SNAP DEPENDENT

EXCELSIOR COLLEGE
Financial Aid Office
7 Columbia Circle, Albany NY 12203
Phone 855-323-9235 / Fax 518-464-8777

2013-2014 Dependent Student Verification Worksheets

Federal Student Aid Programs

Complete all sections of this worksheet and submit it to the Financial Aid Office as soon as possible. Failure to submit this form in a timely fashion will delay your application processing.
We are required to obtain this information and verify the information you provided on your 2013-2014 FAFSA before we disburse any federal financial aid to you. If we identify errors as a result of this information, we will make the necessary changes to your FAFSA. Changes may result in adjustments to your financial aid eligibility.

A. Student Information

Last Name First Name M.I. Social Security Number

Address (Include Apt. No.) Date of Birth

City State Zip Phone number (include area code)

B. Dependent Student's Other Income Information to Be Verified

The parents certify that a member of the parent's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during the 2011 or 2012. 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 parent's 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, 2013 through June 30, 2014, or if other children would be required to provide parental information if they were completing a FAFSA for 2013-2014. 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, 2014.

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 2011 or 2012.

Name of Person Receiving Benefit	Total 2012 Benefit	County of Residence
Marty Jones	*$2,000*	*Oswego County*

H. Sign this Worksheet

By signing this worksheet, we certify that all the information reported on it is complete and correct. The student and parent must sign and date.

Student Date

Parent Date