



**Office of Enrollment Management**  
*Financial Aid & Scholarships*

**2018-2019 CERTIFICATION OF PARENT SNAP (FOOD STAMPS) BENEFITS**

Student's Name: \_\_\_\_\_ LSU ID: 89 - \_\_\_\_\_ - \_\_\_\_\_

Your parent indicated on the Free Application for Federal Student Aid (FAFSA) that someone in their household\* (\*only those persons included in FAFSA question 72) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) during the 2016 or 2017 year. Please complete the certification statement below. *(Please use only black or blue ink when completing this document.)*

- ☐ One of the persons in my parent's household\*, \_\_\_\_\_,  
received SNAP benefits in 2016 or 2017. *(list the individual's name here)*
- ☐ No one in my parent's household\* received SNAP benefits in 2016 or 2017.

By signing this statement, I certify that all information on this form is complete and correct. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2016 and/or 2017. **\*If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**Note: Electronic Signatures will not be accepted.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_