



Office of Enrollment Management
Financial Aid & Scholarships

2018-2019 CERTIFICATION OF STUDENT SNAP (FOOD STAMPS) BENEFITS

Student's Name: _____ LSU ID: 89 - _____ - _____

You indicated on the Free Application for Federal Student Aid (FAFSA) that someone in your household* (*only those persons included in FAFSA question 93) 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 household*, _____, received SNAP benefits in 2016 or 2017. *(list the individual's name here)*
- ☐ No one in my 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: _____