



Office of Financial Aid & Scholarships

2025-2026 CERTIFICATION OF STUDENT SNAP (FOOD STAMPS) BENEFITS

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

Workday ID: _____

You indicated on the 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 2023 or 2024 year. Please complete the certification statement below.

☐ One of the persons in my household*, _____, received SNAP benefits in 2023 or 2024. *(list the individual's name here)*

☐ No one in my household* received SNAP benefits in 2023 or 2024.

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 2023 or 2024. ***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. You must print to sign.

Student's Signature: _____

Date: _____