

Office of Financial Aid

6 Pennyfield Avenue • Throggs Neck, NY • 10465

Tel: 718-409-7200 • Fax: 718-409-7275 • Email: financialaid@sunymaritime.edu

2016-2017 SNAP VERIFICATION

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “Verification”. The law says that before awarding Federal aid, we have the right to ask you to confirm information reported on your FAFSA using this worksheet, you and your parent(s) 2015 tax return transcripts and/or other financial documents.

If there are differences, your FAFSA information will be corrected.

Complete this verification request as soon as possible to prevent delays in the receipt of your financial aid award.

A. Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Maritime ID#
_____			_____
Street Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number (include area code)

B. Verification of Supplemental Nutrition Assistance Program (SNAP)

If you were required to provide parental information on the FAFSA answer each question below as it applies to you and your parent(s) whose information is on the FAFSA. If you were not required to provide parental information on the FAFSA, answer each question below as it applies to you (and your spouse, if married) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with your name and ID number at the top.

SNAP Benefits (additional documentation may be required)

_____ is as a member of the parents' household and received SNAP benefits (formerly known as food stamps) in 2014 or 2015.

C. Certification and Signatures

By signing this worksheet, we certify that all information reported is complete and correct.

If student is **Dependent**, the student and at least one parent must sign and date.
If student is **Independent**, a spouse's signature is optional.

Student Date

Parent or Spouse Date

**Submit this worksheet to the Financial Aid Office.
You should make a copy of this worksheet for your records.**