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Office of Student Financial Aid
The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • 313-577-2100 • Fax: 313-577-6648
studentservice@wayne.edu • wayne.edu/financial-aid • Check your aid status at academica.wayne.edu

2016-17 SNAP Benefits Verification Form

Student’s First Name ___________________________ 9-digit WSU Student ID # ___________________________
Student’s Last Name ___________________________ Phone Number ___________________________

The federal financial aid processor, the U.S. Department of Education, has selected your Free Application for Federal Student Aid (FAFSA) for verification, which requires schools to collect documentation of the accuracy of the information provided on the application. Please complete and submit this verification form to the Office of Student Financial Aid within 14 business days. Your financial aid will be cancelled if the completed form is not submitted.

If you are a Dependent Student:
Your household includes the people whom your parent(s) will support between July 1, 2016 and June 30, 2017.
• Include 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 the children’s support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if the children do not live with the parents.
• Include other people if they now live with the parents and the parents provide more than half of the other people’s support and will continue to provide more than half of their support through June 30, 2017.

If you are an Independent Student:
Your household includes the people whom you (and your spouse) will support between July 1, 2016 and June 30, 2017.
• Include the student; the student’s spouse, if the student is married; the student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2016 thru June 30, 2017, even if the children do not live with the student.
• Include other people if they now live with the student and the student or spouse provides more than half of the other people’s support and will continue to provide more than half of their support through June 30, 2017.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Did one of the persons in your or your parent(s) household receive Supplemental Nutrition Assistance Program or SNAP benefits (Michigan Bridge Card or food stamps) at any time in 2014 or 2015?

☐ No ☐ Yes - If asked, I will provide documentation of the receipt of SNAP/Food Stamps.

Name(s) of household member(s) who received SNAP benefits:
____________________________________________________________________________________
____________________________________________________________________________________

REQUIRED SIGNATURES: I/we certify that all information reported on this form is complete and correct. I/we understand that changes in my FAFSA financial information based on the documentation provided may result in a change in financial aid eligibility.

Student's Signature ___________________________ Date ________
Parent’s Signature ___________________________ Date ________

A parent signature is required if you are supplying parent information.

Print your name and student ID number on all documents - Return this form to:
OFFICE OF STUDENT FINANCIAL AID • The Welcome Center • P. O. Box 2340 • 42 West Warren • Detroit, MI 48202-0340

12/2015