



*finaid@southernregional.edu*

**OFFICE OF FINANCIAL AID**

Student Name: _____	Student ID#: _____
Student's E-Mail Address: _____	Primary Phone #: _____

On your 2016-2017 FAFSA, you may have indicated that someone in your (or your parents') household may have received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. (SNAP may be known by another name in some states. For assistance in determining the name used in another state, please call 1-800-433-3243.)

**A. All Students:**

Did any of the following people in your household receive SNAP benefits in 2014 or 2015?

- You
- Your Spouse
- Your (or your spouse's) children (if under the age of 24 and you/spouse provide more than half of their support, even if they do not live with you).
- Other people **IF** they now live with you **AND** you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Benefit Recipient: _____	

**B. If Parent information was provided on your FAFSA:**

Did any of the following people in your parent's household receive SNAP benefits in 2014 or 2015?

- Your parent(s) (including a stepparent)
- Your parents' other children (if under the age of 24) - IF your parents will provide more than half of their support from July 1, 2016 through June 30, 2017.
- Other people IF they now live with your parents and your parents provide more than half of their support AND will continue to provide more than half of their support through June 30, 2017.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Benefit Recipient: _____	

**C. Certification and Signature**

By signing this form, I certify that the above information is complete and accurate. I understand I may be required to submit additional documentation including, but not limited to, official documentation from the agency that issued the benefit, stating that I or the member of my household listed above, received SNAP benefits during the year of 2015 or 2016.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Only required for Dependent students)

\_\_\_\_\_  
Date

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**Moultrie**  
800 Veterans Parkway North  
Moultrie, GA 31788  
229.217.4131 *phone*  
229.891.7010 *fax*

**Thomasville**  
15689 U.S. Highway 19 North  
Thomasville, GA 31792  
229.225.5036 *phone*  
229.227.2727 *fax*

**Tifton**  
52 Tech Drive  
Tifton, GA 31794  
229.386.3164 *phone*  
229.391.2626 *fax*