



**Northwest LTC Financial Aid
Snap (Food Stamp) Verification Form
2018-2019**

Name _____
(Please Print) Last Name First Name

Campus ID (or SSN) _____

An **INDEPENDENT STUDENT** will be able to state at least one of the following statements to be true: Please indicate below by checking which statement applies to you. **PROOF MAY BE REQUESTED!** If you are able to check a box below, **YOU ARE AN INDEPENDENT STUDENT.**

- You were born before January 1, 1995.
- You were married, as of the day you filed the Free Application for Federal Student Aid (FAFSA).
- You have children for whom you will provide more than half of their support from July 1, 2018 through June 30, 2019.
- You have dependents (other than your children or spouse) who live with you and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.
- When you were 13 years or older you were: an orphan (both parent's deceased), in foster care, or a ward/dependent of the court
- You are a veteran of the U.S. Armed Forces.
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- You are an emancipated minor as determined by a court in your state of legal residence.
- You are in legal guardianship as determined by a court in your state of legal residence.
- You are an unaccompanied homeless youth as determined by either: your high school or school district homeless liaison, the director of an emergency shelter program funded by HUD, or the director of a runaway or homeless youth basic center transitional living program.

If you **CANNOT** check a box above, **YOU ARE A DEPENDENT STUDENT.**

Check ONE box below based on the definition of an independent student as defined above and then complete the **APPROPRIATE** section below.

I AM A DEPENDENT STUDENT
(Complete section A)

I AM AN INDEPENDENT STUDENT
(Complete section B)

****If neither you nor your parents received SNAP (Food Stamps) for calendar year 2016 and/or 2017 skip to section C**

Section A: Dependent Student SNAP (FOOD STAMPS)

By my signature below, I certify that I am a Dependent student and that my parent(s) received SNAP benefits (food stamps) in the calendar year 2016 and/or 2017.

Student Signature

Date

By my signature below, I certify that I am the parent and I received SNAP benefits (food stamps) in the calendar year 2016 and/or 2017.

Parent Signature

Date

Section B: Independent Student SNAP (FOOD STAMPS)

By my signature below, I certify that I am an Independent student and that I received SNAP benefits (food stamps) in the calendar year 2016 and/or 2017.

Student Signature

Date

Section C: Did not receive SNAP (FOOD STAMPS) for calendar year 2016 and/or 2017.

Student Signature

Date

Parent Signature

Date