

# HUMBOLDT STATE UNIVERSITY

## VERIFICATION OF FOOD STAMPS DEPENDENT STUDENT

### Student Information

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STUDENT NAME

HSU ID #

### DEPENDENT STUDENT/Verification of Food Stamps

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- Did you (the parent) receive benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) any time during the 2016 or 2017 calendar year?  
 Yes  
 No
- Did someone in your (the parent's) household receive benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) any time during the 2016 or 2017 calendar year?  
 Yes  
 No

### Signature

**One parent must sign.** I certify that all information reported on or submitted with this form is complete and correct to the best of my knowledge. I understand that if I purposely give false or misleading information to qualify for financial aid, I may be subject to prosecution, which may result in a fine, a prison sentence, or both.

Parent Signature

Date

Please fax, email, or mail the signed, completed form to the address below.

Financial Aid Office ▪ 1 Harpst Street ▪ Arcata, CA 95521 ▪ Phone: (707) 826-4321  
Toll free: (866) 255-1390 ▪ FAX: (707) 826-5360 ▪ [www.humboldt.edu/~finaid](http://www.humboldt.edu/~finaid)

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