



Office of Student Financial Assistance

366 Luna Dr. • Las Vegas, NM 87701

Phone: (505) 454-2500 or 1-800-588-7232 • Fax: (505) 454-2539 • Email: finaid@luna.edu

Supplemental Nutrition Assistance Program (SNAP) Benefits Certification (V2)

I certify that the individual(s) in my household named below received SNAP benefits, formerly known as the Food Stamp Program, in 2011 or 2012. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2011 and/or 2012.

Name of family member who received SNAP benefits in 2011 and/or 2012	Relationship to student
<i>Jane Doe</i>	<i>Mother(example)</i>

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

The student must sign and date.

Student's Signature

Date

Parent's Signature (Required for dependent students **ONLY**)

Date

<p align="center">WARNING: <i>If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.</i></p>
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