

**INDEPENDENT STUDENT VERIFICATION OF  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS  
2016-2017 Academic Year**

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification." The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on the FAFSA. In this process, Appalachian State University's Office of Student Financial Aid will compare information from your FAFSA with the financial documents you are required to submit. If there are differences, in most cases we will be able to send the corrections electronically to the federal processor to have your information reprocessed.

To determine the documents you must submit to complete verification, check your financial aid requirements by logging into your AppalNet account and clicking on the "Financial Aid" tab.

You may fax, mail, email or bring your verification documents to:

**Mailing Address:**

Appalachian State University, Office of Student Financial Aid  
ASU Box 32059

Boone, NC 28608-2059

**Fax Number:** 828-262-2585

Email: financialaid@appstate.edu

You should complete verification as soon as possible, so that your financial aid won't be delayed. Please carefully read and follow the directions in this document, on your AppalNet account and on all other forms you have been requested to submit. If you have questions, please contact our office.

*We must receive and review the requested information, under the financial aid program rules (34 CFR, Part 668).*

**Student Name:** \_\_\_\_\_  
*(please print full legal name)*

**Banner ID: 900** \_\_\_\_\_

I certify that a member of my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016 to June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Each person signing below certifies that all the information reported is complete and correct. If married, spouse's signature is optional.

**WARNING:** If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

X \_\_\_\_\_ X \_\_\_\_\_  
Student Signature Date Spouse Signature Date

**Electronic signatures will not be accepted.**