Please answer the question below and provide appropriate signatures.

Did at least one person in your household receive benefits from the Food Stamp (SNAP) program during 2020 or 2021?

‰	Yes. Please list the name(s) of all recipient(s) on the lines below. Name(s) of Recipient(s): _____ _____
‰	No

By signing below we certify that all information on this form is complete and correct.

Student Date

Spouse Date