



Office of Student Financial Aid

400 Magnolia Street  
Orangeburg, SC 29115  
Telephone: (803) 535-5334  
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**Confirmation of Food Stamp (SNAP) Benefits Received Student/Spouse**  
**2016-2017**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Clafin ID**

We have received your 2016-2017 Free Application for Federal Student Aid (FAFSA). We are required to clarify the receipt of benefits from the Food Stamp (SNAP) program by at least one person in your household during 2015 or 2016. **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 2015 or 2016?

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Yes.<br><i>Please list the name(s) of all recipient(s) on the lines below.</i><br><br>Name(s) of Recipient(s):<br>_____<br>_____ |
| <input type="checkbox"/> | No   |

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

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse**

\_\_\_\_\_  
**Date**