Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before disbursing Federal Student Aid, you must confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

WARNING: Anyone who purposely gives false or misleading information on this worksheet may be fined, sentenced to prison, or both.

This form is to certify that a member of your household, received benefits from the Supplemental Nutrition Assistance Program of 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).

Your household includes:

- Yourself
- Your spouse, if you are married
- Your children or spouse’s children if you or your spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with you and you or your spouse will provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

☐ Yes, I certify that a member of my household received benefits from the Supplemental Nutrition Assistance Program or SNAP in 2014 or 2015. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

☐ I certify that no member of my household received benefits from the Supplemental Nutrition Assistance Program or SNAP in 2014 or 2015.

Certification and Signatures
By signing this worksheet you certify that all the information reported on it is complete and correct. This worksheet must be signed by the student.

__________________________  ____________________________
Student Signature    Date

Please return completed form via postal mail, email, or fax using the contact information below.

Office of Financial Aid  carey.finaid@jhu.edu
6740 Alexander Bell Drive, Suite 110  410-516-5950 phone
Columbia, MD 21046  443-529-1536 fax