



Student name (printed)

COCC ID Number

To Be Completed By Independent Students.

Did someone in your household receive benefits from Supplemental Nutrition Assistance Program (SNAP) sometime during 2015 or 2016. Yes No

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide **more than half of their support** from July 1, 2017 through June 30, 2018, 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, 2018.

Please list the name(s) of the member(s) of your household that received SNAP benefits during 2015 or 2016:

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts will not be accepted.

Student signature

Date

Spouse signature (optional)

Date

To Be Completed By Dependent Students.

Did someone in your parents' household receive benefits from Supplemental Nutrition Assistance Program (SNAP) sometime during 2015 or 2016. Yes No

The parents' household includes:

- The student.
- The parents (including the stepparent) even if the student does not live with the parents.
- The parents' other children if the parents will provide **more than half of their support** from July 1, 2017 through June 30, 2018, or if the other children would be required to provide parental information if they are completing a 2017-18 FAFSA. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with your parents and the parents provide **more than half of their support** and will continue to provide more than half of their support through June 30, 2018.

Please list the name(s) of the member(s) of your parent's household that received SNAP benefits during 2015 or 2016:

By signing this form, I certify the information reported is true and accurate. The student and parent must sign and date. Adobe or signature type fonts will not be accepted.

Student Signature

Date

Parent Signature

Date

Financial Aid Office
 541-383-7260 • fax: 541-383-7506
 2600 NW College Way, Bend, Oregon 97703
 www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

Reviewer use only
 Sequence _____
 Date _____
 Initial _____