

Office of Financial Aid

## Supplemental Nutrition Assistance Program (SNAP) Verification Form

Student Last Name	Student First Name	Loyola University ID Number
I, the student, reco	eived SNAP benefits between January 1, 20	13 and December 31, 2013.
My parent(s)/spot	use received SNAP benefits between Januar	y 1, 2013 and December 31, 2013.
If it appears that inform from the providing agent f you have any questions	nt, you certify that the information report nation on this form is inaccurate, you may ncy verifying the benefit and amount rece s about the Verification process or with the of 0-617-2576 or financialaid@loyola.edu.	y be required to submit documentation ived.
on it is complete and correct	orksheet certifies that all of the information report. The student signature is required. A parent or findicated above that they received the benefit.	Submit this workshoot and all documentation to
Student's Signature (REQUIR	Date	