

Name of Financial Aid Applicant (Please print in Black Ink)

2020-2021

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
@ Student ID# Date of Birth

\_\_\_\_\_  
Previous Last Names (if applicable)

RETURN TO:

OFFICE OF FINANCIAL AID  
PORTERVILLE COLLEGE  
100 EAST COLLEGE AVENUE  
PORTERVILLE, CA 93257

## SNAP (CalFresh)/Food Stamp Certification

### INDEPENDENT STUDENT

Please check the appropriate response. Sign and date below.

- By signing this form, the student certifies** that a member of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2018 or 2019 year.
- By signing this form, the student certifies** that **NO** member of the student's household received benefits from the Supplemental Nutrition Assistance program or SNAP (formerly known as the Food Stamp Program) sometime during the 2018 or 2019 year.

**WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Print Name of Person Receiving Benefit Date

**Note:** If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2018 or 2019.

### DEPENDENT STUDENT

Please check the appropriate response. Sign and date below.

- By signing this form, the parent certifies** that a member of the parent's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2018 or 2019.
- By signing this form, the parent certifies** that **NO** member of the parent's household received benefits from the Supplemental Nutrition Assistance program or SNAP (formerly known as the Food Stamp Program) sometime during 2018 or 2019.

**WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_  
Print Name of Person Receiving Benefit Date

**Note:** If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2018 or 2019.