

Student Name: _____**Hope Student ID #:** _____**The person(s) listed below:**

- **is a member of my household as reported on the FAFSA, and**
- **received Supplemental Nutrition Assistance Program (SNAP) benefits during the 2014 or 2015 calendar year.**

Name: _____

Name: _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Return this completed form to the address listed below.

Parent Signature: _____**Date Signed:** _____**Student Signature:** _____**Date Signed:** _____ *Print*