

**2016-2017 CALIFORNIA DREAM ACT PARENT/STUDENT FEDERAL BENEFIT VERIFICATION**

Student UCM ID \_\_\_\_\_ Phone Number \_\_\_\_\_

Student Full Name \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your California Dream Act Application indicated you or your family is receiving Supplemental Nutrition Assistance Program benefits (SNAP also known as food stamps). The California Student Aid Commission requires The Office of Financial Aid and Scholarships to verify federal benefits received from SNAP. Complete this form by checking the appropriate section and attaching the required documentation. Parent/student certification is also required.

**INSTRUCTIONS**

Please indicate below what is appropriate for you or your family and attach the **required documentation**.

- I/We did **NOT** receive food stamps (SNAP) in **2014 or 2015**.
  - We will update your 2014-2015 California Dream Act Application with this information and process accordingly.
- I/We **received** food stamps (SNAP) in **2014 or 2015**.
  - Submit a **notice of action** with start date and end dates from the human services agency and/or adult agency or family service agency that issues the food stamps.

Name of recipient(s) receiving federal benefit (provide names of additional recipients below):

NAME	DATE OF BIRTH	RELATIONSHIP TO STUDENT

**PARENT/STUDENT CERTIFICATION**

I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities. This document must be postmarked by June 1, 2016 to be considered for maximum eligibility of aid.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_