Student's Name			GCC ID#		
2013-2014 FO	FINANCIAL A OD STAMPS/S		FICATION FORM		
You have been selected for verification qualifying member of your household (or 2012. You are required to verify this info Services dated in 2011 or 2012 indicating documentation in place of this form.	your parents' househ rmation with the age	old, if dependen	t) received Food Stamps/SNe benefit. A "Notice of Action	NAP in 2011 or on" from Social	
If a qualifying member of your household I below, provide all required signatures and blank.					
An error was made on my 2013-2014 or 2012.	4 FAFSA and no qual	ifying member re	eceived Food Stamps/SNAP	in either 2011	
Student's Signature	Date	Parent's Sig	nature (if dependent)	Date	
SECTION A: TO BE COMPLETED BY THE FORM TO THEIR C		EIVING FOOD	STAMPS/SNAP BEFORE S	UBMITTING	
l authorize the appropriate office/agency to բ College for receipt of Food Stamps/SNAP .	provide the information	requested by the	e Financial Aid Office at Glend	dale Community	
RECIPIENT-Case name under which ben	nefits are paid (please	e print)	Case Number		
Relationship of Recipient to student					
Signature of RECIPIENT			Social Security Number of RECIPIENT		
SECTION B: TO BE COMPLETED B	BY THE AGENCY	PROVIDING TI	HE FOOD STAMPS/SNA	P BENEFIT	
Federal and State regulations relative to stude information provided below will be used only to at Glendale Community College pursuant to SRights and Privacy Act.	o determine financial aid	d eligibility and will	be kept confidential by the Fina	ancial Aid Office	
The person named above in Section A recei	ived Food Stamps/S	NAP benefits du	ring the following periods:		
 Received Food Stamps/SNAP benefits 	s during all or part of	the vear 2011 :	☐ Yes☐ No		
Received Food Stamps/SNAP benefits		•	☐ Yes☐ No		
Agency Representative (PLEASE PRINT FU	LL NAME)				
	,		AGENCY		
Title/Official Position			STAMP		
Signature of Agency Representative			REQUIRED		

Date

Telephone Number