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2018-2019 Verification of Supplemental Nutrition Assistance Program (SNAP)

STUDENT AND/OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2018-2019 FAFSA that you or a member of your household received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for the **2016 and/or 2017** calendar year and verification is needed.

Did you or did a member of your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for the **2016 and/or 2017** calendar year?

YES NO

I/We certify that the above information about SNAP benefits is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/we certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME: _____

ID: _____

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

(If Dependent student)

Please return this completed form to your College's Financial Aid Office.