Berklee College of Music
Office of Student Financial Services
1140 Boylston Street
Boston MA, 02215
Phone: 800 BERKLEE
Fax: 617 747-2073

Certification of Supplemental Nutrition Assistance Program (SNAP) Benefits Dependent Student

**Student Name:**

Berklee Student ID#

Your parent(s) certify that a member of your parent(s) household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states.

Your parents’ household includes:

- You, the student.
- Your parents (including a stepparent) even if you don’t live with your parents.
- Your parents’ other children if your parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

*Required: Attach a copy of the 2014 or 2015 statement of benefits received from SNAP*

**Certifications and Signatures**

Each person signing below certifies that all reported information is complete and correct.

<table>
<thead>
<tr>
<th>Student’s Signature:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Parent’s Signature:</td>
<td>Date:</td>
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*For FAFSA Filers who misreported SNAP on their application:*

If you and or a member of your family DID NOT receive SNAP benefits please sign below.

**Certifications and Signatures**

By signing below you certify that information provided on your FAFSA was incorrect and that you and or a member of your household did not receive benefits. Your signature authorizes our office to update your application to reflect the accurate information.

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