

2026 - 2027 SNAP VERIFICATION FORM

1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286



Student's Last Name	Student's First Name	Middle Initial	Banner ID Number:
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You have been selected for a process called verification. Being selected for verification can happen when a FAFSA is filed or changed in any way. The Office of Scholarships and Financial Aid must verify information provided, by comparing the FAFSA data submitted by the student with the information on this worksheet and other required documents. If there are differences, the FAFSA data may need to be corrected. The school may ask for additional information. For more information regarding this process, please contact the Office of Scholarships and Financial Aid at 870-508-6100.

Name of Household member that received SNAP:	Relationship to Student:
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Indicate here if no SNAP benefits were received.

☐ No person in the student's household received SNAP benefits during 2024 or 2025.

Indicate here if SNAP benefits were received - Certificate of Receipt – To be completed by DHS.

This is to verify that _____ received Supplemental Nutrition
(Please print recipient's name)

Assistance Program benefits during the year indicated below:

☐ 2024

☐ 2025

NOTE: If you received **SNAP from a state other than Arkansas** during 2024 or 2025 and completion of this form is not feasible, present any documentation you have, or can get, from the other state showing receipt of SNAP Benefits to the ASUMH Office of Scholarships and Financial Aid to determine if it would be acceptable as proof.

Printed Name of DHS Employee

Signature of DHS Employee

Date

Note: Parent signature is required when the student is considered dependent.

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X

Student Signature

Date

X

Parent Signature

Date