

## Office of Financial Aid & Scholarships

## 2023-2024 CERTIFICATION OF STUDENT SNAP (FOOD STAMPS) BENEFITS

Student'	s Name: LSU I	D: 89
93) rece	licated on the FAFSA that someone in your household* (*o eived benefits from the Supplemental Nutrition Assistance during the 2021 or 2022 year. Please complete the certification	Program or SNAP (formerly known as food
	One of the persons in my household*,	, received SNAP
	benefits in 2021 or 2022. (list the individual's name her	
	No one in my household* received SNAP benefits in 2021 of	or 2022.
will pro	ing this statement, I certify that all information on this form invide documentation of the receipt of SNAP benefits during ing information on this worksheet, you may be fined, be so	2021 or 2022. *If you purposely give false or
Note: E	lectronic signatures will not be accepted. You must print to	sign.
Student	's Signature:	Date: