



**St. John's University**  
**Office of Student Financial Services**  
 Receipt of Supplemental Nutrition Assistance Program 2024-2025  
 (Independent Student)

**Student Name:** \_\_\_\_\_ **X ID Number:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Alternate/Cell Number:** \_\_\_\_\_

Submit form by securely uploading to: [www.stjohns.edu/SFSdocumentupload](http://www.stjohns.edu/SFSdocumentupload)

The student certifies that \_\_\_\_\_, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2022 or 2023. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the child's support from July 1, 2024, through June 30, 2025, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2025

**Note:** If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2022 or 2023.

**A mistake was made on my FAFSA and neither I nor any member of my household received SNAP benefits in 2022 or 2023.**

**Certification and Signature**

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

\_\_\_\_\_  
 Print Student's Name

\_\_\_\_\_  
 Student's X ID Number

\_\_\_\_\_  
 Student's Signature (Required)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse's Signature (Optional)

\_\_\_\_\_  
 Date

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**