2013-2014 SNAP BENEFIT VERIFICATION WORKSHEET

Did you, your spouse (if applicable) or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) at any time during the 2011 or 2012 calendar years?

____ YES    ____ NO

For what period of time was the benefit received? _______ 2011    _____ 2012

_________________________________________  ____________________________  ____________________________
Signature                                  ID#                                   Date