

**2025-2026 Student Federal Benefits Form**

Student ID Number \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Purpose of Form**

The Federal Benefits Form is requested because you reported on the Free Application for Federal Student Aid (FAFSA) that you or someone in your household received funding from one or more of the following federal programs at any time during the 2023 and or 2024 calendar year: Medicaid or Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Free or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), or Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

**General Instructions**

Please review each federal program and **check either “yes” if you received the benefit, or “no” if you did not receive benefits in 2023 and/or 2024.** Only individuals who are included in your or your FAFSA family size may be listed on this form.

Your Financial Aid Office may request third-party documentation to confirm the information you report on your Federal Benefits Received Form. Should you or a parent submit a form with incorrect information, you must also submit third-party documentation to confirm the correct information.

<b>Did anyone in your household receive the following Federal benefits in either 2023 or 2024?</b>	<b>Yes</b>	<b>No</b>
Medicaid or Supplemental Security Income (SSI) – i.e., <i>not</i> SSDI or Social Security retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>
Free or Reduced Price School Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>

**CERTIFICATION STATEMENT:** I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may face legal consequences and my financial aid may be terminated. The student whose information was reported on the FAFSA must sign and date this form.

STUDENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_