

FINANCIAL AID OFFICE

518 W. Locust Street • Davenport, Iowa 52803

563/333-5775 • fax 563/333-5818

2024-25 Federal Benefits Received Form

Return this completed form to St. Ambrose University, Financial Aid Office 518 W. Locust Street, Davenport, IA 52803

Generally, the Federal Benefits Received 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 2022 and/or 2023 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), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

General Instructions

On the first table below, please review each federal program and check either "yes" if you received the benefit, or "no" if you did not. If answering "yes," in the second table list the name of the person in your or your FAFSA contributing

parent(s)'s household who received benefits in 2022 and/or 2023. Only individuals who are included in your or your FAFSA contributing parent(s)'s household may be listed on this form.

Student Information

Name Last First Middle Initial SAU student ID#					
Did anyone in your household receive the following Federal benefits in either 2022 or 2023?Yes					
Medicaid or Supplemental Security Income (SSI) - i.e., not SSDI or Social Security retirement benefits					
Supplemental Nutrition Assistance Program (SNAP)					
Free or Reduced Price School Lunch					
Temporary Assistance for Needy Families (TANF)					
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)					

Name of family member who received federal benefits		Relationship to student	List types and amounts of all federal benefits received by this person
1			
2			
3			
4			
5			
6			

Certification

I hereby certify that SNAP benefits were received by someone in my household during the 2022 and/or 2023 calendar years.

Student signature _

Parent signature ____

Date_____

(if dependent student)

Please be advised that should the institution have reason to believe that this signed statement provided is inaccurate, the institution may request additional information and may further verify receipt of SNAP benefits from such issuing agency. (668.57(d).

please print