UNIVERSITY of DENVER
FINANCIAL AID

2022-23 Federal Benefits Confirmation Form

A. Student Information

First name	_Last name_	_DU ID Number_

B. Federal Benefits Information

During 2020 or 2021, I, my parent(s)/legal guardian(s), or another member of my parental household received benefits from the following federal programs for any duration (check all that apply):

☐ Medicaid

☐ Supplemental Security Income (SSI)

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Free or Reduced-Price Lunch

☐ Temporary Assistance for Needy Families (TANF)

☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

-or-

☐ Check here if you, your parent(s)/legal guardian(s), or any other members of your parental household **did not receive** benefits from any of the above federal programs during 2020 and 2021.

As of the date you submitted your FAFSA, were you or your spouse (if independent) or either of your parents (if dependent) a dislocated worker? (Generally, a dislocated worker has lost their job. More specific information is available at https://studentaid.gov/2223/help/parent-dislocated-worker.)

◯ Yes   ◯ No

C. Certification and Signature

Each person signing this form certifies that all the information reported on it is complete and correct. Parent signature required for dependent students.

Student Signature (required)	Date

Parent Signature (required if student is dependent)	Date

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Code: FBCF