

**Affidavit for Nonreceipt or Destroyed
Supplement Nutrition Assistance Program (SNAP) Benefits**

Case No.	Certifying Office	Case Name	Date Reported	Date Received
Current Address		City	State	ZIP Code

Priority benefits issued while TIERS was down

My household has not been issued and has not received SNAP benefits for the month of _____.
MM/YYYY

Replacement Benefits

Old Address (if applicable)

Benefit Date (MM/YYYY)	Allotment Amount	Original Issuance No.	Original Issue Date
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Some of my household's food bought with SNAP benefits was destroyed in a household disaster on _____.
MM/DD/YYYY

The amount destroyed was _____.

If this affidavit is not signed and received by the local office within 10 days of the date of the report, no replacement will be made.

I certify that the statement checked above is true and correct. I understand that any person who obtains or uses SNAP benefits for which they are not eligible can be charged with a criminal offense. If convicted, the person may be fined, imprisoned, or both.

Signature — Head of Household or Responsible Family Member

Date