



Affidavit for Nonreceipt or Destroyed Food Stamp Benefits

| | | | | |
|---------------------|-------------------|-----------|---------------|---------------|
| Food Stamp Case No. | Certifying Office | Case Name | Date Reported | Date Received |
| Address Field | | City | State | ZIP Code |

Benefits Issued via Administrative Terminal Application (ATA)

Month/Year

My household has not been issued and has not received food stamp benefits for the month of

Replacement Benefits

Old Address (if applicable)

| | | | |
|--------------------|------------------|-----------------------|---------------------|
| Benefit Month/Year | Allotment Amount | Original Issuance No. | Original Issue Date |
|--------------------|------------------|-----------------------|---------------------|

Some of my household's food bought with food stamp benefits was destroyed in a household disaster on

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 anyone who obtains or uses food stamp benefits for which he is not eligible can be charged with a criminal offense. If convicted, he may be fined, imprisoned, or both.

Signature — Head of Household or Responsible Family Member

Date