



Basic Food Affidavit Replacement for Household Disaster

AU IDENTIFICATION NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

REASON FOR REPLACEMENT

I, _____, swear under oath and state the food purchased with Basic Food benefits issued to me for the month of _____, 20____ were destroyed in a household disaster.

Date of issue: _____, 20____.

Date of reported loss: _____, 20____. Value of loss*: \$ _____

* Replacement cannot exceed one-month allotment.

I state under penalty of perjury that the above statement is true. I understand that keeping two issuances for the same month may constitute fraud and result in my disqualification, fine, or imprisonment.

HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

TO BE COMPLETED BY FINANCIAL WORKER

1. ORIGINAL ISSUANCE NUMBER

2. DATE ORIGINAL BENEFITS ISSUED

3. AMOUNT OF BENEFITS TO REISSUE (CANNOT EXCEED ONE MONTH ALLOTMENT)
\$

4. SIGNATURE OF STAFF AUTHORIZING REPLACEMENT

DATE

5. OFFICE NAME

6. OFFICE NUMBER