



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