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| Basic Food AffidavitReplacement 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 |