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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 | |