



**AFFIDAVIT FOR NONRECEIPT OR DESTROYED FOOD STAMP BENEFITS**  
**DECLARACION SOBRE BENEFICIOS DE ESTAMPILLAS PARA COMIDA NO RECIBIDOS O DESTRUIDOS**

Certifying Office	Case Name	Food Stamp Case No.	Date Reported	Date Received
Client Address (Street, City, State, ZIP)				

**BENEFITS ISSUED VIA ADMINISTRATIVE TERMINAL APPLICATION (ATA)/Beneficios remitidos por la Aplicación del Terminal Administrativo (ATA)**

**My household has not been issued and has not received food stamp benefits for the month of**  
A mi caso no le han remitido electrónicamente los beneficios de estampillas para comida para el mes de  
y tampoco los han recibido.

Month/Mes	Year/Año
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**REPLACEMENT BENEFITS/BENEFICIOS DE REEMPLAZO**

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**  
Una parte de la comida comprada con mis beneficios de estampillas para comida fue destruida en un desastre doméstico el \_\_\_\_\_

**The amount destroyed was**  
La cantidad destruida fue..... \$ \_\_\_\_\_

**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.**

SI DENTRO DE LOS 10 DIAS CONTADOS DESDE LA FECHA DEL REPORTE LA OFICINA LOCAL NO RECIBE ESTA DECLARACION FIRMADA, NO SE HARA NINGUN REEMPLAZO.

**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.**

Certifico que la declaración marcada arriba es verdadera y correcta. Comprendo que a la persona que obtenga o use beneficios de estampillas para comida sin ser elegible se le puede ACUSAR DE UNA OFENSA PENAL. Si es convicta, se le puede imponer UNA MULTA, CARCEL, O AMBAS SANCIONES.

\_\_\_\_\_  
**Signature – Head of Household or Responsible Family Member**  
Firma – Cabeza de la Casa or Otro Miembro Responsable

\_\_\_\_\_  
**Date/Fecha**