



**AFFIDAVIT OF DISASTER LOSS
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE
(D-SNAP)**

NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

BENEFIT(S) REQUESTED:

_____ SUPPLEMENTAL BENEFITS

I certify, under penalty of perjury, that my household experienced one or more adverse effects (loss of income, inaccessible liquid resources, or out of pocket, unreimbursed disaster-related expenses) as a result of the flood that occurred in my county of residence during the period of 7/29/17 through 8/27/17.

I understand the penalties for knowingly giving wrong information. These penalties include repayment of the amount unlawfully received, not being able to receive SNAP for a period of time, and a charge of perjury for a false claim.

I understand if my household received the maximum SNAP benefit amount for July, I am not eligible for D-SNAP Supplemental Benefits.

Recipient signature: _____

Date: _____