

Affidavit for Nonreceipt or Destroyed Supplement Nutrition Assistance Program (SNAP) Benefits

Part I — SNAP Household Information

Case No.	HHSC Office	Case Name	
Current Mailing Address	City	State	ZIP Code
Date of Discovery	Date Reported to HHSC	Date HHSC Received Form H1855	

Part II - Priority Benefits Issued While TIERS was Down

My household has not been issued and has not received SNAP benefits for the month of _____.
MM/YYYY

Part III — Destroyed Food Replacement Request

Old Address (if applicable)		
Original Issuance Date (MM/YYYY)	Monthly Benefit Amount	Original Issuance Date
Some of my household's food bought with SNAP benefits was destroyed in a household disaster on _____. MM/DD/YYYY		
The total amount destroyed _____.		

Part IV — Affidavit Signature

I certify under penalty of perjury that the information I have provided on this affidavit is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

Signature — Head of Household or Responsible Household Member

Date