



Tennessee Department of Human Services
Affidavit of Disaster Loss During D-SNAP Only

Name (Head of Household)	
Case Number	
Current household address	
City/Town/State/Zip Code	

As a result of the disaster that occurred in my county on _____ (date the disaster took place), my household experienced one or more disaster related losses:

1. Loss or reduction of income
2. Disaster-related expenses not expected to be reimbursed during the disaster period
3. Damage to or destruction of home or self-employment business due to disaster

I AM REQUESTING: (You can request both if eligible)

- Replacement Benefits in the amount of \$ _____ (Replace food lost or destroyed)
- Supplemental Benefits (Bring your allotment to the maximum for your household size)

The information I am giving on this form is true to the best of my knowledge. I understand that making a false or misleading statement on this form could be a crime or an Intentional Program Violation (IPV).

Client Signature		Date	
------------------	--	------	--

At times, additional verification may be needed. Please provide the name and contact information of someone that can verify your loss, if needed.

Name of Collateral Contact	
Collateral Contact Street Address	
City, State, Zip Code	
Collateral Contact Phone Number	