



Tennessee Department of Human Services
Affidavit Request for SNAP Replacements Due to Household Misfortune and Power Outage

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

I need a replacement of benefits as a result of a household misfortune that I experienced on (date the loss occurred).

I certify that I have lost food in the amount of \$ _____ as a result of a household misfortune or a power outage of at least twelve (12) hours.

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	
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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	