

**AFFIDAVIT OF LOST INCOME OR DISASTER-RELATED COSTS**

This form must be completed if you are currently receiving FoodShare benefits and you are requesting a benefit supplement through the Disaster FoodShare Program.

Name – Client (Last, First, MI)
Case Number

I certify under penalty of perjury that my household experienced either a loss of income or incurred disaster-related costs as a result of the flood that occurred in my county of residence during the period of June 5, 2008 through July 4, 2008.

<b>SIGNATURE</b> – Client	Date Signed
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