

State of Louisiana
Department of Children and Family Services
Affidavit Regarding Food Lost in a Household Misfortune
_____ Parish

Name and address of H of HH:		Ident. No.:
Name of Auth. Rep.:	Type:	Benefit Month:
Benefit Amount:	Issue No.:	

Before me, the undersigned authority, personally came and appeared _____, who being duly sworn, deposes and says:

That he/she is the person named as head of household of the above-described certification, is a responsible member of the household, or is the authorized representative.

That said food was destroyed in a household due to:

- Flood
 Fire
 Power outage of at least 24 hours

Other. Describe: _____

(Specify value of food destroyed: _____ .)

The undersigned is aware of the penalties for intentional misrepresentation of the facts.

Witness:

1. _____ Signature _____

Typed or printed name of witness

Address: _____

2. _____ Signature _____

Typed or printed name of witness

Address: _____

3. _____ Signature _____

Typed or printed name of witness

Address: _____

Typed or printed name of Head of Household or other Responsible Household Member

Signature of Head of Household or other Responsible Household Member

Typed or printed name of Authorized Representative

Signature of Authorized Representative

Sworn to and subscribed before me this _____ day of _____, _____

I certify that _____ who executed the above affidavit, is the head of household, a responsible member of the household, or the authorized representative for the above-described loss.

Typed or printed name and Title/Notary Identification Number

Signature