

**Affidavit for Supplemental Nutrition Assistance Program (SNAP) applicants who were receiving Nutrition Assistance Program (NAP) when they were displaced from Puerto Rico due to Hurricanes Irma and Maria**

---

**Instructions:** If you would like to receive Supplemental Nutrition Assistance Program (SNAP) and were receiving Nutrition Assistance Program (NAP) benefits in Puerto Rico, you must fill out the following information and verify that you will not participate in both programs at the same time.

NAME (Head of household):

---

NAME (Other members of household):

---

---

SNAP APPLICATION/CASE NUMBER (If available):

---

CURRENT ADDRESS:

---

---

ADDRESS IN PUERTO RICO:

---

---

NAP CASE NUMBER(If available):

---

**STATEMENT AGAINST DUPLICATE PARTICIPATION:**

I understand that each member of my household may not receive benefits from the Nutrition Assistance Program (NAP) or the Supplemental Nutrition Assistance Program (SNAP) at the same time. If I am found eligible for SNAP benefits, I attest under penalty of perjury and disqualification that I will not participate in both programs simultaneously and will close my household's NAP case at the earliest possible opportunity.

**Signature:**

---

**Date:**

---