

Joe Lombardo  
Governor

Laura Rich  
Director



DEPARTMENT OF HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
Helping people. It's who we are and what we do.



Robert H. Thompson  
Administrator

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case ID: \_\_\_\_\_

**AUTHORIZATION:** I authorize you to release to the Division of Social Services the requested information.

Client Signature

Date

### SNAP AFFIDAVIT OF SEPARATE HOUSEHOLD

Please provide the requested information below and return to the above address. Your cooperation ensures program integrity and maintains accountability in administering public funds in Nevada. The provided information is used only in conjunction with the official duties of this agency and is confidential. An immediate response would be appreciated.

If our identifying information (name and address) disagrees with your records, please indicate the change.

RE: \_\_\_\_\_  
Name Street/Residence Address

To determine the above-mentioned applicant/recipient's eligibility as a separate food unit, the following information is requested. Please complete this form and return no later than undefined.

1. What is your relationship to the above-mentioned applicant/recipient? \_\_\_\_\_

2. Do you purchase and prepare your food separately from the above-mentioned applicant/recipient?  YES  NO

3. What amount do you (check one)  charge or  pay the above-mentioned SNAP applicant/recipient **separately for rent**? Enter amount \$ \_\_\_\_\_. (If none, write none)

4. What amount do you (check one)  charge or  pay the above-mentioned SNAP applicant/recipient **separately for utilities**? Enter amount \$ \_\_\_\_\_. (If none, write none)

What does the amount charged for utilities include (please check all that applies)?

- Heat  Air Conditioning/  
Cooling  Telephone  Water  Sewer  Garbage  Lights  Gas for cooking

5. If you do not charge or pay a separate amount for rent and utilities (questions #3 and #4), what **total amount** is the above-mentioned SNAP applicant/recipient charged or paid for rent and utilities combined? Enter amount \$ \_\_\_\_\_. (If none, write none)

6. Please provide the portion of the most current electric or gas bill showing the service address for which utilities expenses are being requested by the SNAP applicant/recipient mentioned above.

Signature of person completing form \_\_\_\_\_ Relationship \_\_\_\_\_

Person completing form

Address \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

