



STEVE SISOLAK
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

Date: _____
Case Name: _____
Case ID: _____

AUTHORIZATION: I authorize you to release to the Division of Welfare and Supportive 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

