

Affidavit for Supplemental Nutrition Assistance Program (SNAP) Work Registrants

I understand I will not be eligible to receive SNAP if I do not follow the following work registration requirements:

- Register to work
- Provide sufficient information of job status and availability
- Accept a suitable job, if offered
- Must continue the job, once hired
- Will not voluntarily reduce job hours.

Although I may not be required to report to a Department of Labor (DOL) local office at this time, I understand that they will help me find a job if I contact them. I agree to report to a DOL local office and do a job search if directed to do so at a later time. I will accept a suitable job offer whether I receive the offer through a referral from DOL or find a job on my own. If I have good cause to reduce my hours on the job or quit my job, I will first discuss it with my Benefits Specialist to make sure a sanction will not be applied.

Failure to follow the above requirements may result in a loss of SNAP benefits for the following time periods:

- One month for the first occurrence;
- Six months for the second occurrence;
- Twelve months for each occurrence thereafter.

 Applicant's Signature Date

The following members of my household must also follow the above requirements:

I understand and will explain their responsibilities to the above individuals. If one of the above household members fails to follow the requirements, I understand a loss of SNAP benefits may occur for the appropriate time periods listed above.

 Applicant's Signature Date

Failure to sign this form will result in ineligibility for the entire household's benefits.