

FOOD STAMP HOUSEHOLD COMPOSITION LETTER

To Whom It May Concern:

This letter serves as official documentation of the composition of the household for the purpose of determining eligibility and benefit levels under the Supplemental Nutrition Assistance Program (SNAP), commonly known as the Food Stamp Program, in accordance with federal and state laws and regulations.

Household Information:

Head of Household Full Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Contact Phone Number: _____

Email Address: _____

Household Member Details:

Full Name	Relationship to Head	Date of Birth	Social Security Number (Last 4)

Certification and Acknowledgment:

I certify that the information provided herein is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in penalties, including disqualification from the Supplemental Nutrition Assistance Program (SNAP) benefits, under applicable federal and state laws. I agree to notify the local SNAP office promptly of any changes to household composition or income that may affect eligibility or benefit levels.

Rights and Responsibilities:

This household composition letter is subject to verification and may be audited by authorized representatives of the SNAP program. All information is subject to verification against other government records. The release and use of this information are governed by the Privacy Act and other applicable state and federal laws.

Appeal Rights:

If you disagree with any determination regarding your SNAP benefits or household composition, you have the right to request a fair hearing in accordance with federal and state regulations. Please contact your local SNAP office for instructions on how to file an appeal.

Confidentiality Notice:

All information contained in this letter is confidential and intended for use by authorized personnel only. Unauthorized disclosure of this information is prohibited by law and may result in penalties.

Signature of Head of Household

Signature of SNAP Caseworker

Date:

Date:

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