

VERIFICATION OF LIVING ARRANGEMENTS/RESIDENTIAL ADDRESS

Date _____ Worker's D-Number _____

Case Name (*Last, First, M.I.*) _____

AZTECS Case Number _____ HEA ID _____

The person whose name and signature appear below has requested your cooperation in releasing the following information. Please complete and return this form by (*Date*) _____

Mail to: Arizona Department of Economic Security
P.O. Box 19009
Phoenix, AZ 85005-9009

Or FAX to: (602) 257-7031 or 1 (844) 680-9840

AUTHORIZATION TO RELEASE INFORMATION

I authorize and consent to the release of any and all information requested below concerning my living arrangement or myself.

Participant's Name _____

Participant's Signature _____ Date _____

THIS SECTION IS REQUIRED FOR ALL PROGRAMS

What is the Current Address of Residence? (*No., Street*) _____

City _____ State _____ ZIP Code _____

PLEASE LIST THE NAMES OF EVERYONE LIVING AT THE ADDRESS:

THIS SECTION IS REQUIRED FOR CASH ASSISTANCE, NUTRITION ASSISTANCE, AND STATE ASSISTANCE

What is the rent/mortgage paid or billed? (**Include Tax**) \$ _____ Paid: Daily Weekly Monthly

How is the rent/mortgage paid? Cash Check Money Order Other (Specify) _____

Is any part of the rent, mortgage, or utilities paid by someone other than the renter or owner? Yes No

If yes, explain: _____

Is any part of the rent, mortgage, or utilities paid in exchange for work? Yes No

If yes, explain: _____

THIS SECTION IS REQUIRED ONLY FOR NUTRITION ASSISTANCE

Are utilities included in the rent? Yes No

If yes, indicate which ones: Electric Gas Water Other (*specify*) _____

How do you heat (*central heating, stove, fireplace*) or cool (*air conditioning, evaporative cooler*) your home? _____

I swear under penalty of perjury that the statements made above are true and correct to the best of my knowledge, and that I have not withheld any information.

Name of Person Completing This Form (*Please Print*) _____

Title/Relationship _____ Area Code and Phone Number _____

Signature of Person Completing This Form _____ Date _____

COMPLETION INSTRUCTIONS FOR FAA-0065A

VERIFICATION OF LIVING ARRANGEMENTS/RESIDENTIAL ADDRESS

A. Purpose. To verify the following at new application, renewal and when a change is reported in living arrangements:

All programs: Residential address and living arrangements

CA, NA and ST: Rental obligation

NA only: Utilities

Note: Rental obligation and utilities must be verified for AHCCCS Health Insurance when the Expenses Exceed Income (EEI).

B. Completion:

The worker completes the following:

Date

Worker's D-Number

Case Name

AZTECS Case Number

HEA ID:

The applicant completes the following:

Reads the AUTHORIZATION TO RELEASE INFORMATION, prints complete name, signs and date the form.

A person that knows the household's circumstances, completes the following:

Complete the remainder of the form.

Print full name and provide title or relationship to the applicant.

Provide telephone number. Sign and date the form.

C. Routing: Mail or FAX the original to the organization or person providing the information. A copy is retained in the case file.

D. Retention: The copy will be retained in the case file with the current application until the original is returned, at which time it will be removed and destroyed. The original will be retained in the case file with the current application.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.