

**ARIZONA DEPARTMENT
OF ECONOMIC SECURITY
Family Assistance
Administration
INFORMATION
REQUEST AND PENDING
INFORMATION
AGREEMENT**

Case Name:

**Applicant's Name (*Last,
First, M.I.*):**

AZTECS Case No.:

**See pages 33-34 for USDA/EOE/
ADA/LEP/GINA disclosures**

**Local Office Address
(No., Street, City, State,
ZIP Code):**

Check all that apply:
NA/CA/TC MA

**RETURN THIS FORM
WITH THE VERIFICATION
REQUESTED FOR ITEM(S)
CHECKED (✓) BELOW**

Return to:

Mail Drop: _____

Unit: _____

Area Code and Phone No.:

Worker's Signature:

Date: _____

STATEMENT OF UNDERSTANDING: The need for the proof of the item(s) checked below has been explained to me. I understand my responsibility to provide this proof. I also understand that if I am unable to provide the proof, I will contact my worker for help.

**I will provide proof
by the following date:**

_____ .

**Failure to provide the
requested proof may
result in the benefit(s)
marked above being
changed, denied, or
stopped.**

Applicant's Signature:

Date: _____

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
<p>Proof of pregnancy. Estimated delivery date:</p> <p><i>(For free pregnancy test, call 1-800-833-4642)</i></p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Identity				
Residential address / Temporary residence status				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Birth / Baptism certificate / Tribal Census card / Biodata Information / Age verification				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Verification of citizenship, non-citizen status or 40 quarters				
Social Security number / Application for Social Security number				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Divorce decree / Child support orders / Marriage license				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Verification of school attendance / Program completion date				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
<p>Signed statement by landlord or non-relative verifying who lives in the home. Landlord / Non-relative must not be living in the same home. <i>(Must include address and phone number of the person writing)</i></p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Statement of how your household buys and prepares food				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Doctor's statement of disability including length of disability / emergency episode				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Cooperation with: DCSS Jobs Program Preliminary Orientation (JPPO) Jobs Program Native Employment Works (NEW)				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Current statement for all bank / credit union accounts / IDA transactions				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Real property <i>(Lots, buildings, home, land, etc.)</i>				
Other personal property <i>(Bonds, jewelry, life insurance, livestock, etc.)</i>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Student income (Grants, scholarships, loans, work study, etc.)				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Student expenses <i>(Tuition, books, transportation, etc.)</i>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
<p>Gross earned income (<i>Pay stubs or employer's signed statement</i>) for each pay period. Listed by pay period end, pay date and gross pay for each pay date.</p> <p>From:</p> <p>to:</p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
<p>Self-employment income: New On-going Time period, from: to:</p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
<p>Other income: SSI SSA VA UI Child Support In-kind Lottery and Gambling Winnings (\$3500+ <i>in a single game)</i> Time period, from: to:</p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
<p>Verification that income has stopped and date</p> <p>Last day worked:</p> <p>Last day paid:</p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Mortgage Rent Rental space Property tax Homeowner's insurance HOA				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Utilities: Electric Water Gas Phone Other <i>(specify):</i>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Statement of how expenses have been paid, amounts and who pays them				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
<p>Application for other benefits (<i>specify SSI, UI, VA, RR, etc.</i>)</p> <p>Type of benefit:</p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Other <i>(specify):</i>				

Further Information Needed:

The USDA is an equal opportunity provider and employer • DES/ TANF Agencies are Equal Opportunity Employers/ Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits

discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.