

**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 page 36 for USDA/EOE/
ADA/LEP/GINA disclosures**

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

Check all that apply:

NA/CA/RCA/TC MA

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

Return to:

Mail Drop: _____

Unit: _____

**Area Code and Phone
No.:** _____

EI'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 EI 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>(For free pregnancy test, call 1-800-833-4642)</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</p> <p>(Row continued on next page)</p>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
must not be living in the same home. (Must include address and phone number of person writing)				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Separate food buying / Preparing statement				

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	
<p>Cooperation with: DCSS Jobs Program Preliminary Orientation (JPPO) Jobs Program</p> <p><i>(Row continued on next page)</i></p>				

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

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

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.</p> <p><i>(Row continued on next page)</i></p>				

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

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

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Other income: SSI SSA VA UI Child Support In-kind Gambling/ Lottery <i>(Row continued on next page)</i>				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Time period, from: to:				

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

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>Dependent care expenses. Billed for:</p> <p>Time period, from:</p> <p>to:</p>				

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> Type of benefit:</p>				

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

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