

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration
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*) _____

See pages 9-10 for USDA/EOE/ADA disclosures

**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 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**

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*) _____

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.

The landlord or non-relative, not living in the home, 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.

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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.