

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.*)**

**See pages 17-19 for EOE/ADA
disclosures**

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?
Address (*No., Street*)**

City _____

State _____

ZIP Code _____

**PLEASE LIST THE NAMES
OF EVERYONE LIVING
AT THE ADDRESS
(CONTINUED):**

**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*)

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**

**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.

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.**