

VERIFICATION OF LIVING ARRANGEMENTS/RESIDENTIAL ADDRESS

Case Name (*Last, First, M.I.*) _____ Case No. _____

Local Office Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

El's Name _____ Mail Drop _____ Unit _____

Area Code and Phone Number _____ Date _____

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*) _____ to the Department of Economic Security in the enclosed pre-addressed envelope.

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 _____

THE SECTIONS BELOW ARE TO BE COMPLETED BY THE LANDLORD OR A NON-RELATIVE NOT LIVING IN THE HOME THIS SECTION IS REQUIRED FOR ALL PROGRAMS

What is the Current Address if 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*) _____

What is used to heat and/or cool the residence? _____

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 FA-065-FF

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:

CASE NAME

CASE NO.

LOCAL OFFICE ADDRESS

EI'S NAME

MAIL DROP

UNIT

AREA CODE AND PHONE NO.

DATE

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 file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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