

INFORMATION REQUEST AND PENDING INFORMATION AGREEMENT

Case Name: _____ Applicant's Name (*Last, First, M.I.*): _____ AZTECS Case No.: _____

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	
Proof of pregnancy. Estimated delivery date: (For free pregnancy test, call 1-800-833-4642)				
Identity				
Residential address / Temporary residence status				
Birth / Baptism certificate / Tribal Census card / Biodata Information / Age verification				
Verification of citizenship, non-citizen status or 40 quarters				
Social Security number / Application for Social Security number				
Divorce decree / Child support orders / Marriage license				
Verification of school attendance / Program completion date				
Signed statement by landlord or non-relative verifying who lives in the home. Landlord / Non-relative must not be living in the same home. (Must include address and phone number of person writing)				
Separate food buying / Preparing statement				
Doctor's statement of disability including length of disability / emergency episode				
Verification of all medical expenses incurred From: _____ to: _____				
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				
Real property (<i>Lots, buildings, home, land, etc.</i>)				
Other personal property (<i>Bonds, jewelry, life insurance, livestock, etc.</i>)				
Student income (<i>Grants, scholarships, loans, work study, etc.</i>)				
Student expenses (<i>Tuition, books, transportation, etc.</i>)				
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. From: to:				
Self-employment income: New On-going Time period, from: to:				
Self-employment expenses Time period, from: to:				
Other income: SSI SSA VA UI Child Support In-kind Gambling/Lottery Time period, from: to:				
Verification that income has stopped and date Last day paid: Last day worked:				
Mortgage Rent Rental space Property tax Homeowner's insurance				
Utilities: Electric Water Gas Phone Other (<i>specify</i>):				
Statement of how expenses have been paid, amounts and who pays them				
Dependent care expenses. Billed for: Time period, from: to:				
Application for other benefits (<i>specify SSI, UI, VA, RR, etc.</i>) Type of benefit:				
Overpayment income and expenses Time period, from: to:				
Other (<i>specify</i>):				

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